

Dr. Ditto

93d  
04209

Reg. Dist. No. 302

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, Institution, or street address where death occurred:

324 McDowell Ave.

How long in hospital or institution?

## 3. (a) FULL NAME

STILLWELL ELLSWORTH BARNHART

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Mary E. Dunn

7. Birth date of deceased (mo. day. yr.)

December 4, 1863

6.(c) If alive, give age 80 years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Warfordsburg, Fulton Co. Pa.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

MOTHER FATHER

Isaac Barnhart

13. Birthplace

Warfordsburg Pa.

14. Maiden name

Rebecca Truax

15. Birthplace

Warfordsburg Pa.

16. Informant

Mrs Lela Kallflesh

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/23/48

(month) (day) (year)

Dunkard Cemetery

Cemetery or crematory

Location

Broadfording Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

Apr 23, 1948  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 324 McDowell Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1948, 12:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-1-48 to 4-21-48

and that I last saw him alive on 4-2-48

Immediate cause of death

Ch. Myocarditis

Due to

heavy exertion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

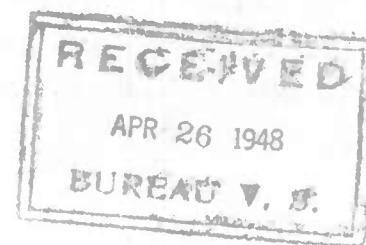
Injured at work?

23. SIGNATURE

M. D. or other

Address

S. W. White  
Hagerstown Md. Date signed Apr 24, 1948



Evidence for change of  
# 12 and # 15 shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Yeager

04210

# 115 MAY 12 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 Years

Hospital, institution, or street address where death occurred:

52 E. Antietam St.

How long in hospital or institution? --

## 3. (a) FULL NAME

RALPH CLEFTON BOND

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Mary

7. Birth date of deceased (mo., day, yr.)

August 11, 1885

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Delta, York Co. Penna.

(Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Western Maryland R.R.

MOTHER FATHER

12. Name

Edwin C. Bond

13. Birthplace

Johnsville Md.

14. Maiden name

Clara Smith

15. Birthplace

Shippensburg, Penna.

Hagerstown, Md., N.Y.

16. Informant

Mrs Mary Bond

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/23/48

(month) (day) (year)

New Oxford Cemetery

Cemetery or crematory

New Oxford, York Co. Penna.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Apr 21, 1948 Death Powers

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 52 E. Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

705-10-4743

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 19, 1948 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 21, 1928 April 19, 1948

and that I last saw her alive on April 19, 1948

Immediate cause of death

Hypertension Cerebrovascular

Due to Acute Cerebral Paroxysm

DURATION

10 yrs  
2 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations None

Date of op. 4/23/48

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide or homicide?

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Howard Yeager  
Hagerstown Md.

M. D. or other

Date signed Apr. 20, 1948



I



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

04211

306

Reg. Dist. No.....

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Ringgold

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 yrs. 20 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

VIOLET VIRGINIA BOSWELL

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

March 31, 1920

8. AGE:

Years  
28Months  
0Days  
20

If less than one day

hrs.  
.....min.  
.....

9. Birthplace.....

Ringgold, Maryland

(Town, county, and state)

10. Usual occupation.....

Secretary

11. Industry or business.....

Smithsburg High School

MOTHER FATHER

12. Name.....

Harry W. Boswell

13. Birthplace.....

Maryland

14. Maiden name.....

Cora Miller

15. Birthplace.....

Pennsylvania

16. Informant.....

Harry W. Boswell

Address

Ringgold, Maryland

17. Burial.....

Date thereof Apr. 24, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Ringgold Cemetery

Location.....

Ringgold, Maryland

18. Funeral director.....

R. J. Carnshaw

Address

Keedysville, Md.

19. Date rec'd by registrar

(Date rec'd by registrar)

Geo. W. Ferguson

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Ringgold

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

184-12-4728

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

April. 21 1948 at 6<sup>30</sup> M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19:30 to April - 21 1948

and that I last saw her alive on April 20 1948

Immediate cause of death.....

Acute pulmonary edema

DURATION

24 hrs.

Due to.....

U. H. D. Double mitral

18 yrs.

Due to.....

P. Leumatic Fever.

as a child.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

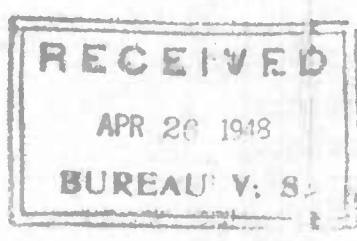
23. SIGNATURE

Walter H. Anderson M.D.

M. D. or other

Dey Harbor Pa. Date signed 4/21/48.

Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04212

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... Rural Chewsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 80 years  
 Hospital, Institution, or street address where death occurred:  
 Hagerstown Rt. 1

How long in hospital or institution?

## 3. (a) FULL NAME

Annie Elizabeth Bovey

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife..... George Bovey

6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo. day. yr.) September 30, 1859

8. AGE: Years	Months	Days	If less than one day
88	6	19	hrs. min.

9. Birthplace..... Lancaster Lancaster Co. Pa.,  
 (Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... Christian Lowe

13. Birthplace..... Germany

14. Maiden name..... Mary Stahl

15. Birthplace..... Germany

16. Informant..... Mr. E. Frank Snyder

Address..... Hagerstown Rt. 1

17. Burial Date thereof..... April 21, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Chewsville Cemetery

Location..... Chewsville Md.

18. Funeral director..... Scott F. Minnich &amp; Son

Address..... Hagerstown Md.

19. Apr. 20, 1948 Registrar  
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Rural Chewsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Hagerstown Rt. 1  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 19, 1948 at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1948 to April 19 1948  
 and that I last saw her alive on April 19 1948

Immediate cause of death..... Cerebral Hemorrhage 2 days

Due to..... Arterio - Sclerosis 20 yrs  
 Due to..... Generalized

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

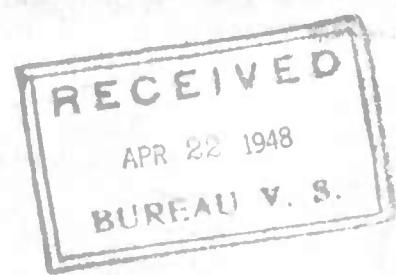
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... G. G. 15 older M. D. or other

Address..... 111 1/2 Bay St. Date signed..... Apr. 20, 1948



BIRTH AND DEATH  
MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF STILLBIRTH**

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

160a  
04213  
Reg. Dist. No. 302

1. PLACE OF BIRTH:		2. USUAL RESIDENCE OF MOTHER:	
County <u>Washington</u> City or town <u>HAGERS TOWN</u> (If outside city or town limits, write RURAL and give nearest town)		State <u>PENN.</u> County <u>CLARION</u> City or town <u>SLIGO</u> (If outside city or town limits, write RURAL and give nearest town)	
Street address, hospital, or institution: <u>WASHINGTON CO. HOSPITAL</u>		Street No. <u>BOX #2</u> (If RURAL give LOCATION) ✓	
Length of mother's stay in County <u>24 hrs.</u> (How many years, or months, or days. SPECIFY WHICH)		4. Date of birth <u>4/20</u> 19 <u>48</u> Hour <u>7:41</u> A.M.	
3. Name of child <u>BABY COBBETT</u>		7. No. of weeks pregnancy <u>28 WKS</u>	
5. Sex <u>male</u>   6. Twin or triplet <u>single</u>		MOTHER OF CHILD	
FATHER OF CHILD		12. Full maiden name <u>MARION COBBETT</u>	
8. Full name <u>JACK W. WYMAN</u> .		13. Color <u>W.</u> 14. Age at time of this birth <u>26</u> yrs.	
9. Color <u>Wh.</u> 10. Age at time of this birth <u>26</u> yrs.		15. Usual occupation <u>HOUSEWORK</u>	
11. Usual occupation <u>TRUCKING</u>		16. Other children born to mother (not including present child): (a) How many children of this mother are now living? <u>0</u> (b) How many other children were born alive but are now dead? <u>0</u> (c) How many other children were born dead? <u>1</u>	
17. Did child die before labor? <u>NO</u> During labor? <u>NO</u>		21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.	
18. Pregnancy, complications of <u>none</u>		(a) Fetal causes <u>Prematurity and cerebral hemorrhage</u> .	
19. Labor: (a) Complications of <u>none</u> (b) Induced?		(b) Maternal causes <u>Retroplacental hemorrhage</u> .	
20. (a) Was there an operation for delivery? <u>NO</u> (Yes or No) (b) State all operations, if any <u>—</u>		22. I certify to the birth of this child who was born dead* on the date and hour above stated.	
(c) Did child die before operation? During operation? <u>—</u>		Signature <u>M. J. Stellifer MD</u> (Specify if M. D., midwife, or other)	
23. (a) Burial <u>Burial</u> (b) Date thereof <u>4/21/48</u> (Burial, cremation or removal) (month) (day) (year)		Address <u>Hagerstown Maryland</u>	
(c) Cemetery or crematory <u>Rose Hill Cemetery</u>		25. (a) <u>Apr. 21, 1948</u> (b) <u>Death Report</u> (Date rec'd by registrar) (Registrar)	
24. (a) Funeral director <u>Andrew K. Coffman</u> (b) Address <u>Hagerstown Md.</u>		26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me. Health Officer, per.....	

\* See Instruction C on stub.

RECEIVED

APR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The longer  
it is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04214  
93d  
302  
Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
County..... Washington  
City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... Life

Hospital, institution, or street address where death occurred:  
Lincoln Avenue.....

How long in hospital or institution?.....

3. (a) FULL NAME  
Howell G. Dixon

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Anna M. Dixon

7. Birth date of deceased (mo., day, yr.)  
February 14, 1889

8. AGE: Years 59 Months 2 Days 9 If less than one day  
..... hrs. ..... min.

9. Birthplace..... Keedysville, Wash. Co. Md.  
(Town, county, and state)

10. Usual occupation..... Welder

11. Industry or business

MOTHER FATHER  
12. Name..... William Dixon

13. Birthplace..... Keedysville, Md.

14. Maiden name..... Emma Miller

15. Birthplace..... Keedysville, Md.

16. Informant..... Mrs. Anna Dixon

Address..... 1094 Murdock Ave. Hagerstown,

17. Burial..... Date thereof..... April 27, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Rest Haven Cemetery

Location..... Hagerstown, Maryland.

18. Funeral director..... Fred W. Kraiss

Address..... Hagerstown, Maryland.

19. (Date rec'd by registrar)..... Apr. 25, 1948  
Signature..... Robert Wells  
Registrar.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1094 Murdock Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number.....

705-10-7447

## MEDICAL CERTIFICATION about 9P

20. DATE OF DEATH..... Apr/23/48 19..... al..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on

Immediate cause of death.....

arteriosclerotic coronary 2yrs

Due to..... heart disease

Due to..... acute coronary occlusion

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results..... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

MD.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... no Date of.....

Where did injury occur?.....

fell dead in a rubber shop at work (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. another

23. SIGNATURE..... Robert Wells  
Address..... Hagerstown, Md. Date signed..... Apr/24/48

RECEIVED  
APR 27 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04215

302

## CERTIFICATE OF DEATH 93d

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

709 North Mulberry Street

How long in hospital or institution?

## 3. (a) FULL NAME

George Dwight Dutrow

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.) October 23, 1883

6.(c) If alive, give age years

8. AGE: Years Months Days Less than one day  
64 5 18 hrs. min.9. Birthplace Frederick County, Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name M. C. Dutrow

13. Birthplace Fred. Co. Md.

14. Maiden name Sarah J. Warrenfeltz

15. Birthplace Fred. Co. Md.

16. Informant Daniel G. Dutrow

Address Hagerstown, Maryland

17. Burial Date thereof 4-13-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter &amp; Sons

Address Hagerstown, Maryland

19. Apr. 12 1948 Chas. H. Boward  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 709 North Mulberry Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

214-09-3929

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10, 1948 at 4:48 P.M.  
Feb. 10, 1948 to April 10, 1948  
and that I last saw him alive on April 9, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

36 hours

Due to

Cardio-Vascular Disease

5 yrs

Due to

Acute Cardiac Failure

1 week

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

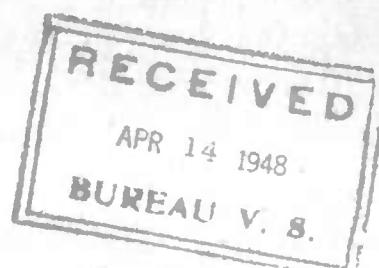
Means of injury

Injured at work?

23. SIGNATURE

W. Howard Dutrow  
Hagerstown, Md. Date signed Apr. 10, 1948

M. D. or other



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04216

## CERTIFICATE OF DEATH

Reg. Dist. No. 300

**1. PLACE OF DEATH:**

County..... Washington  
 City or town..... Rural-Sharpsburg  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 39 years

Hospital, Institution, or street address where death occurred: \_\_\_\_\_

How long in hospital or institution?.....

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Rural-Sharpsburg  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

**3. (a) FULL NAME**

Daniel Edward Ebersole

**3. (b) Social Security Number**

220-10-3639

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife..... Mrs. Alta Ebersole

7. Birth date of deceased (mo., day, yr.)..... May 10, 1909

8. AGE: Years	Months	Days	If less than one day
38	10	30	hrs. min.

9. Birthplace..... Antietam-Washington-Maryland  
(Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... Fairchild Air Craft-Hagerstown, Md

12. Name..... Charles Ebersole

13. Birthplace..... White-Post-Virginia

14. Maiden name..... Mary Marshall Holmes

15. Birthplace..... Rural-Sharpsburg, Md

16. Informant..... Mrs. Alta Ebersole

Address..... Rural-Sharpsburg, Maryland

17. Burial..... Date thereof..... April 12, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Mt. View

Location..... Sharpsburg, Md

18. Funeral director..... R. L. Earnshaw

Address..... Keedysville, Md

19. Date rec'd by registrar..... 4/10/48  
(Date rec'd by registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH..... April 9, 1948, at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post Mortem, to 19, and that I last saw h. alive on 19.

Immediate cause of death..... Bronary Occlusion

Due to..... 30 min.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

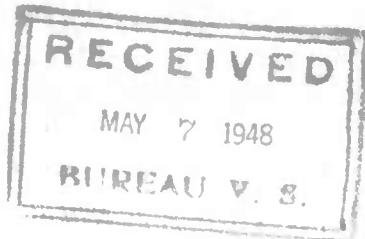
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Walter H. Shantz M.D.

M. D. or other.....

Date signed..... 4/9/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

37a

04217

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

23 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Co. Hospital

4 days

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland.

County Washington

City or town Hagerstown,

(If outside city or town limits, write RURAL and give nearest town)

Street No. West of Center St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

George Eshelman

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Helen Eshelman

7. Birth date of deceased (mo., day, yr.)

Sept. 5, 1881

6.(c) If alive, give age years

8. AGE: Years

Months

Days

If less than one day

67

7

4

hrs.

min.

9. Birthplace

Greencastle, Penna.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER FATHER

12. Name John Eshelman

13. Birthplace Penna.

14. Maiden name May Martin

Penna.

15. Birthplace

16. Informant Mrs. Helen Eshelman

Address Hagerstown, Maryland.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 13, 1948  
(month) (day) (year)

Cemetery or crematory Marion, Penna.

Location Marion, Penna.

18. Funeral director Fred W. Kraiss

Address

Hagerstown, Maryland.

19. Date rec'd by registrar

1948

Apr. 13. 1948

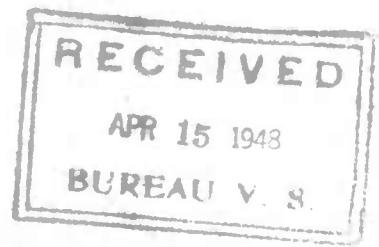
Glossy Flowers

Registrar

23. SIGNATURE

La Bell M. D. or other

Address Hagerstown, Md. Date signed 4-10-48



70-1000

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d  
04218

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 months 16 days

Hospital, Institution, or street address where death occurred

Futura Hospital

How long in hospital or institution?

2 months 16 days

## 3. (a) FULL NAME

Fred Buddy Espey

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

divorced

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Aug 2, 1975

6. (c) If alive, give age ....., years

8. AGE: Years

72

Months

8

Days

24

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

None - all many years

11. Industry or business

Ambulance

12. Name

Mother

Father

13. Birthplace

Mother

14. Maiden name

Father

15. Birthplace

Mother

16. Informant

John F. Espey

Address

1537 Covington St

Burial

Date thereof 4/29/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Green Mount Cem

Location

Charles P. Lowell

Funeral director

Address 2417 Edmonson Ave

Address

4/27/45

(Date rec'd by registrar)

X8 A.W. Hedrick

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Baltimore

City or town

Baltimore

County

Md.

Street No.

1025 Clinton St.

City

Baltimore

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

2

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 26

1948

at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 10, 1948 to April 26, 1948

and that I last saw him alive on April 25, 1948

Immediate cause of death Cardiac de-

compensation

DURATION

6 days

Due to Arteriosclerotic heart

disease

duration

Due to

Other conditions Bronchectasis

Emphysema

duration

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Thomas N. Dungua M.D. M. D. or other

Address Futura Hospital Date signed 4/26/48

Cecilade, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

67

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

04219

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

## 1. PLACE OF DEATH:

Washington  
County.....  
City or town..... Big Spring Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCoy's Ferry Road

How long in hospital or institution?

## 3. (a) FULL NAME

Ida May Everitts

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Married

## 6.(b) Name of husband or wife

Amos Everitts

## 7. Birth date of deceased (mo., day, yr.)

June 23, 1873

## 6.(c) If alive, give age..... years

## 8. AGE: Years

74

## Months

10

## Days

5

## If less than one day

hrs.

min.

## 9. Birthplace

Mercersburg, Franklin Co., Pa.  
(Town, county, and state)

## 10. Usual occupation

Home Duties

## 11. Industry or business

## MOTHER FATHER

Thomas Armstrong

## 13. Birthplace

Franklin Co., Pa.

## 14. Maiden name

Mary Houck

## 15. Birthplace

Franklin Co., Pa.

## 16. Informant

Amos Everitts

## Address

Big Spring, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Apr. 30-48

(month) (day) (year)

## Cemetery or crematory

Shanktown Cemetery

## Location

Shanktown, Md.

## 18. Funeral director

Snyder-Rowland Funeral Home

## Address

Clear Spring, Md.

April 30 1948

Date rec'd by registrar

Joseph W. Murray  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town..... Rural Big Spring, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. McCloys Ferry Road  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1948 at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to April 28, 1948  
and that I last saw her alive on April 28, 1948

Immediate cause of death

Chronic Endocarditis DURATION 2 yrs.

Due to Arterio Sclerotic Myocardial Sclerosis 10 yrs.  
10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

David P. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 4/30/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

04220

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington  
CountyHagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

35 years

How long in above place of death?  
Hospital, institution, or street address where death occurred:

157 South Mulberry Street

How long in hospital or institution?

## 3. (a) FULL NAME

Margaret V. Fayman Fisher

## 4. Sex

## 5. Color or race

## 6.(a) Single, married, widowed, or divorced

Female / White

Widow

## 6.(b) Name of husband or wife

Norman Fisher

## 7. Birth date of deceased (mo., day, yr.)

May 22, 1858

## 6.(c) If alive, give age.....years

## 8. AGE:

Years

Months

Days

If less than one day

89

10

9

hrs.

min.

## 9. Birthplace

Martinsburg, W. Va.

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

MOTHER FATHER

James E. Fayman

## 12. Name

Shepherdstown, Maryland

## 13. Birthplace

Margaret Unger

## 14. Maiden name

Illinois

## 15. Birthplace

Mrs. Mary Daugherty

## 16. Informant

Hagerstown, Maryland

## Address

Burial

Date thereof 4-4-48

(Burial, cremation, or removal. Which?)

Christ Reformed Cemetery

## Cemetery or crematory

Shepherdstown, W. Va.

## Location

C. M. Suter &amp; Sons

## Address

Hagerstown, Maryland

Apr. 3, 1948

(Date rec'd by registrar)

Death flowers!

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 157 South Mulberry Street

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 1<sup>st</sup> 1948 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 18 1948 to Apr 1<sup>st</sup> 1948and that I last saw her alive on Mar 31<sup>st</sup> 1948

## Immediate cause of death

Chronic cardio - vascular  
Due to renal disease.

## DURATION

8 yrs.

Cerebral Hemorrhage  
Due to Hemiplegia

2 yrs.

2 yrs.

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

## Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

## Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

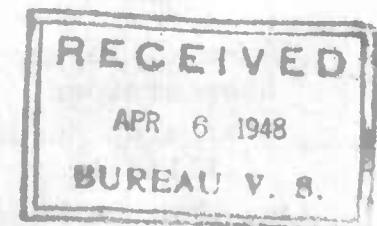
Injured at work?

## 23. SIGNATURE

Ernest J. Goldsmith

M. D. or other

Address Hagerstown Md Date signed 4/12/48







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04222

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington  
 City or town Boulders  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

Sufford Convalescent Home

How long in hospital or institution? 3 weeks

## 3. (a) FULL NAME

Howard Greenberry Ford

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife.

Maude Edna Tugre

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 4 - 1879

8. AGE:

Years  
68Months  
8Days  
23It less than one day  
hrs.  
min.

9. Birthplace

Near Boulders Wash Co. Md.

(Town, county, and state)

10. Usual occupation

Attendant

11. Industry or business

Moose Lodge

MOTHER FATHER

12. Name James P. Ford

13. Birthplace Near Boulders Wash Co. Md.

14. Maiden name Malinda Young

15. Birthplace Near Boulders Wash Co. Md.

16. Informant Mrs. Ralph Moore

Address Boulders Md.

17. Burial Burial

Date thereof April 29, 1948  
(month) (day) (year)

Cemetery or crematory Boulders Cemetery

Location Boulders Md.

18. Funeral director

John J. Best &amp; Sons

Address Boulders Md.

19. Report 29 1948 John H. Best  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. W. Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

214-09-9537

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 27<sup>th</sup>

1948 at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 5<sup>th</sup>

1948

to April 27<sup>th</sup>

1948

and that I last saw him alive on April 27<sup>th</sup> 1948

Immediate cause of death

Inflammation of Liver

Due to Asthma - Pleurisy

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Best Jr. M. D. on

Address Boulders Md Date signed 4/28/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04223

304

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... Rural Hancock  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME  
 Charles E. Fox

4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
----------------	---------------------------	--

6.(b) Name of husband or wife..... Martha Fox

7. Birth date of deceased (mo., day, yr.) June 21, 1867  
 6.(c) If alive, give age ..... years

8. AGE: Years 80	Months 9	Days 28	11 less than one day hrs. .... min.
---------------------	-------------	------------	--

9. Birthplace..... Morgan Co. W. Va.  
 (Town, county, and state)

10. Usual occupation..... retired farmer

11. Industry or business

12. Name..... William FOX
13. Birthplace..... Virginia

14. Maiden name..... Virginia KING
15. Birthplace..... Virginia

16. Informant..... Frank FOX

Address..... Warfordsburg, Pa.

17. Burial..... April 21, 1948  
 (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)Cemetery or crematory..... Bethel cemetery  
 Location..... Sleepy Creek, W. Va.

18. Funeral director..... Snyder-Rowland

Address..... Hancock, Md.

19. Apr 20 1948  
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County..... Washington  
 City or town..... Rural Hancock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... R.F.D. #2  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... April 19, 1948, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/3/48 to 19/48, and that I last saw him alive on Apr 19, 1948.

Immediate cause of death..... Chronic myocarditis

Due to..... pulmonary disease

Chronic nephritis

Due to..... Arteriosclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

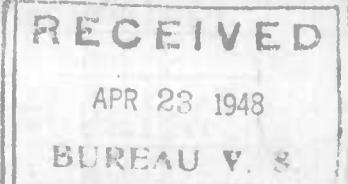
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... J. M. Shaffer MD  
 M. D. or other

Address..... Hancock, Md. Date signed..... Apr 20/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04224

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

Washington  
Cascade

City or town

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death?

1 months 7 days

Hospital, Institution, or street address where death occurred:

Glenelg Hospital

How long in hospital or institution?

7 mos 7 days

## 3. (a) FULL NAME

Walter Harding Fryell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Widowed

6. (b) Name of husband or wife

Marie Grey

7. Birth date of deceased (mo., day, yr.)

Dec. 2, 1882

6. (c) If alive, give age .....

years

8. AGE:

Years

Months

Days

If less than one day

65

4

17

hrs. .... min.

9. Birthplace

Catonsville, Md.

(Town, county, and state)

10. Usual occupation

Warred

11. Industry or business

12. Name..... Donald Fryell

13. Birthplace

Unknown

14. Maiden name

Laura Harding

15. Birthplace

Unknown

16. Informant

Harding O. T. Fryell

Address

4108 Chatham Rd.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 22, 1948

(month) (day) (year)

Cemetery or crematory

Central

Location

New market, Md.

18. Funeral director

Paul E. L. Bennett Jr.

Address 365-12 Chelmsford Ave.

19. 4-20 48

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1829 Fallord

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 19 1948 at 1<sup>10</sup> PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 12 1947 to April 19 1948

and that I last saw him alive on April 6, 1948

Immediate cause of death

Carcinoma of rectum 18 mos

DURATION

Due to

Due to

Other conditions

Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Perirectal biopsy April 16, 1947 - adenocarcinoma

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE

Thomas M. Armstrong, M.D.

M. D. or other

Address 400 Park Hospital

Date signed 4/19/48

Cascade, Md.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04225

## CERTIFICATE OF DEATH

1316  
Reg. Dist. No. 302

## 1. PLACE OF DEATH

County

Washington

City or town

Hagerstown

How long in above place of death?

5 weeks

Hospital, institution, or street address where death occurred:

Washington Co Hospital

How long in hospital or institution?

5 weeks

## 3. (a) FULL NAME

HARRY T.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m white married  
Elva Little Goetz

6. (b) Name of husband or wife

5. (c) If alive, give age

years

7. Birth date of deceased (mo. day, yr.)

Nov. 12. 1887

8. AGE:

Years

Months

Days

If less than one day

60 4 19

hrs.

min.

9. Birthplace

(Town, county, and state)

Greencastle (Pa.)

10. Usual occupation

Contractor

11. Industry or business

Seed

MOTHER FATHER

12. Name

Thomas M. Goetz

13. Birthplace

Pa

14. Maiden name

Mary C. Ruth

15. Birthplace

Anna

16. Informant

Mrs. Elva Goetz

Address

Chambersburg Pa

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Cedar Hill

18. Funeral director

Greencastle Pa

A.E. Munich

Address

Greencastle Pa

19. (Date rec'd by registrar)

Apr. 2, 1948

Blast Bowes

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Pa

County

Franklin's

City or town

Greencastle

Street No.

Center Square

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

april 1 48 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1938 to March 31 1948

and that I last saw him alive on March 27, 1948

Immediate cause of death Cerebral thrombosis DURATION 8 day

Due to Hypertensive arteriosclerotic  
cardio-vascular disease

Due to Obstruction of n.p.h.r.o.s.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

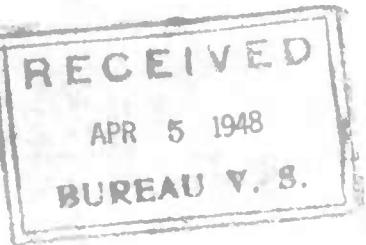
Meane of injury

Injured at work?

23. SIGNATURE

P. Gilliland  
Greencastle, Pa Date signed 4-1-48

M. D.



PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. In case of death clearly and legibly.

Dr. *Laurel Smith*  
04225

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92a

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

### 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

12 Coffman Ave

How long in hospital or institution? ---

### 3. (a) FULL NAME

ANDREW STOVER GORDON

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Violet

7. Birth date of deceased (mo. day. yr.)

JUNE 1 1886

6.(c) If alive, give age 58 years

8. AGE:

Years

Months

Days

If less than one day

61

10

24

hrs.

min.

9. Birthplace Clay Hill Franklin Co., Pa.

(Town, county, and state)

10. Usual occupation

Frt. Conductor

11. Industry or business

W. M. R. R.

MOTHER FATHER

Daniel Gordon

MOTHER

Clay Hill Pa.

14. Maiden name

Matilda Ovelnan

15. Birthplace

Clay v Hill Pa.

16. Informant

Mrs. Violet Gordon

Address

Hagerstown Md.

17. Burial

Date thereof 4/28/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Date rec'd by registrar

Apr. 26, 1948

Signature

Gloria Powers

Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

12 Coffman Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

### 3. (b) Social Security Number

705-10-5336

## MEDICAL CERTIFICATION

D. S. T.

2D. DATE OF DEATH April 25 1948 19 al 6 A m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 24 1848 to April 25 1948

and that I last saw h. I.M. alive on April 24 1948

Immediate cause of death

Cardiac Decompensation

DURATION

2 days

Due to Aortic Regurgitation

(Anterior clerosis)

Pass Rheumatic Carditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

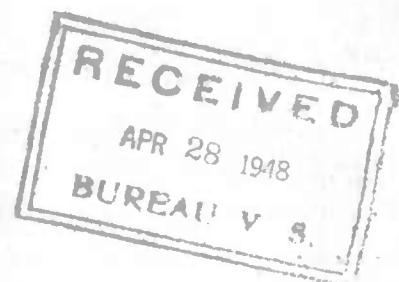
Injured at work?

3. SIGNATURE

Robert V. Campbell MD

M. D. or other

Address Pagenstowm Md Date signed 4/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ditto

04227

302

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown R # 4  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 27 Years  
Hospital, Institution, or street address where death occurred:  
Fairview Road  
How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Washington  
City or town Hagerstown R # 4  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Fairview Road  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (a) FULL NAME  
GEORGE McCLELLAND GORDON  
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
Gladys V.  
6.(b) Name of husband or wife Gladys V.  
7. Birth date of deceased (mo. day, yr.) August 30 1863  
8. AGE: Years Months Days If less than one day  
84 7 23 hrs. min.  
9. Birthplace Zullinger franklin Co. Pa.  
(Town, county, and state)  
Farmer  
10. Usual occupation  
11. Industry or business Retired  
12. Name of MOTHER FATHER Alexander Gordon  
13. Birthplace Shady Grove, Pa.  
14. Maiden name Sarah Smith  
15. Birthplace Shady Grove, Pa.  
16. Informant George McC. Gordon  
Address Hagerstown Md. R # 4  
17. Burial Date thereof 4/25/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Dunkard Cemetery  
Location Broadfording Md.  
18. Funeral director Andrew K. Coffman  
Address Hagerstown Md.  
19. Date rec'd by registrar Apr. 23, 1948 Ghostflower  
(Date rec'd by registrar) Registrar

3. (b) Social Security Number None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1948 10 af 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
1-1-47 to 4-22-48  
and that I last saw him alive on 4-22-48

Immediate cause of death  
Cardio-vascular Disease 6 mo.  
Due to:  
Due to:  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings or operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Ghostflower Date signed Apr. 23, 1948

RECEIVED

APR 26 1948

BUREAU V. S.

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04228

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
County.....

City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

12 Years.

How long in above place of death?

Hospital, Institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 10 Weeks

## 3. (a) FULL NAME

Carrie Grams

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife..... Dennis F. Grams

7. Birth date of deceased (mo., day, yr.) February 24, 1894

8. AGE: Years	Months	Days	If less than one day
54	1	10	hrs. min.

9. Birthplace..... Washington County, Md.  
(Town, county, and state)

10. Usual occupation..... Home work

## 11. Industry or business

MOTHER FATHER	12. Name..... Jonathan J. Williams
	Frederick County, Md.

	13. Birthplace..... Annie M. Kriner
	Washington County, Md.

	14. Maiden name..... Dorothy Mimnall,
	Dorothy Mimnall,

16. Informant.....	Address..... Hagerstown, Md
--------------------	-----------------------------

17. Burial.....	Date thereof..... April 6, 1948
(Burial, cremation, or removal. Which?) Cemetery or crematory.....	(month) (day) (year) Rose Hill

Location.....	Fred W. Kraiss.
---------------	-----------------

18. Funeral director.....	Address..... Hagerstown.
---------------------------	--------------------------

19. (Date rec'd by registrar)	Apr. 5, 1948
-------------------------------	--------------

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
Maryland County..... WashingtonCity or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. 2 Market Place.  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

10<sup>th</sup>  
20. DATE OF DEATH..... April 3, 1948 19. 48 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 4, 19. 47 to April 2, 19. 48

and that I last saw her alive on April 2, 19. 48.

Immediate cause of death.....

1. Chronic valvular heart disease  
with failure.

2. Cerebral embolism

3. Embolism, popliteal artery  
Due to..... with gangrene (right leg)

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

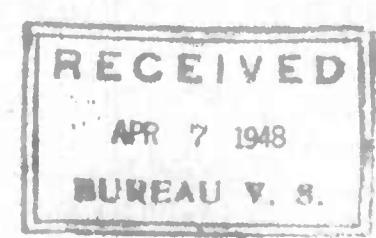
Means of injury..... Injured at work?

23. SIGNATURE..... B.R. Stevens, M.D.

M.D. or other

Address..... 149 W. Washington St. Data signed 4-5-48

Registrar



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04229

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County.....

Washington

City or town.....

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 day

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?.....

## 3. (a) FULL NAME

Thelma Virginia Griffith

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

White

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

April 28, 1948

8. AGE:

Years

Months

Days

If less than one day

1

hrs.

min.

9. Birthplace..... Hagerstown-Washington-Maryland

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

R. A. Griffith Jr.

MOTHER FATHER

12. Name

Keedysville, Md

13. Birthplace

Thelma Hoffman

14. Maiden name

Shepherdstown, W. Va

15. Birthplace

Mrs. Thelma Griffith

Address

Shepherdstown, W. Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 30, 1948

(month) (day) (year)

Cemetery or crematory

Belvoir

Location

Hagerstown, Md

18. Funeral director

R.I. Earnshaw

Address

Keedysville, Md

19. Date rec'd by registrar

Apr. 30,

1948

B. E. Howard

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

159

County..... Wash.

City or town.....

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 29, 1948, at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-28-48 to 4-29-48,

and that I last saw her alive on 4-28-48.

Immediate cause of death.....

Pneumonia 6% over

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

W. D. E. Howard  
Hagerstown, Md

M. D. or other

Date signed.



**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131 a

04230

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 mth

Hospital, institution, or street address where death occurred:

Washington Co Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

MINNIE IPENE

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Jacob A Gsell

7. Birth date of deceased (mo. day, yr.)

Feb 9, 1876

6. (c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Penna

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Home

MOTHER FATHER

12. Name

Monroe Seelers

13. Birthplace

not known

14. Maiden name

Susan Keller

15. Birthplace

not known

16. Informant

Jacob A Gsell

Address

Greencastle RD 3

17.

Burial, cremation, or removal. Which?

Date thereof

Apr. 4/88

(month) (day) (year)

Cemetery or crematory

Brown mill

Location

near Greencastle Pa

18. Funeral director

E. M. Munnoch

Address

Greencastle Pa

19.

Apr. 2,

19

48 Ghost Howard

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Pa

County

Franklin

City or town

near Greencastle

(If outside city or town limits, write RURAL and give nearest town)

Street No.

RD # 5 Chambersburg

(If rural, give LOCATION)

Pa

2.(a) If veteran, name war

GSELL

3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4/2

19 47 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9/1 1947 to 4/2 1948

and that I last saw her alive on 4/1 1948

Immediate cause of death

Arteriosclerotic Cardi-  
vascular - renal disease.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

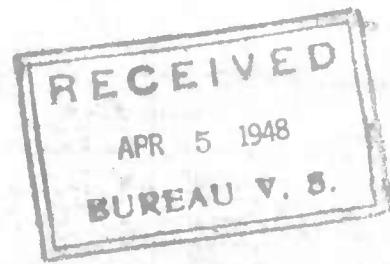
Injured at work?

23. SIGNATURE

Z. J. Brewer

M. D. or other

Address Greenlawn, Pa Date signed Apr. 1/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04231  
Reg. Diat. No. 302

## CERTIFICATE OF DEATH

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County..... Washington

City or town..... Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

1202 Hamilton Blvd.

How long in hospital or Institution?

## 3. (a) FULL NAME

Frances Jewell Harman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

Charles W. Harman

7. Birth date of deceased (mo., day, yr.)

August 10, 1878

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

69

8

1

hrs.

min.

9. Birthplace..... New York State

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

12. Name..... Edwin Blair Jewell

13. Birthplace

New York State

14. Maiden name

Aline Crosby

15. Birthplace

New York State

16. Informant

Mrs. Aline Sowers

Address

Hagerstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... 4-13-48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter &amp; Sons

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

Apr. 12, 1948

Short Board

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1202 Hamilton Blvd.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4/9 - 1948 at 3a.m.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

4/9 - 1948 to 4/11 1948

and that I last saw her alive on 4/10

1948

Immediate cause of death

Cardiovascular disease

DURATION

Due to

arterio-sclerosis, hours

Due to

(2)

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DR. VICTOR D. MILLER

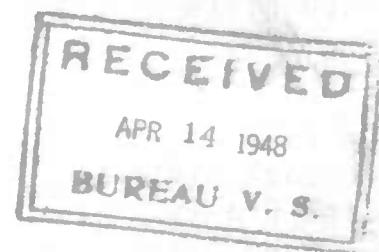
M. D. or other

Address

131 W. WASHINGTON S.

Date signed

4/12 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0423306

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

15 M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Washington  
City or town Cascade

How long in above place of death.....  
(If outside city or town limits, write RURAL and give nearest town)

Hospital, Institution, or street address where death occurred:  
Bel Alton Hospital

How long in hospital or institution? 3 days

3. (a) FULL NAME  
George Harris

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) April 1, 1893 6. (c) If alive, give age..... years

8. AGE: Years 15 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace St. Mary's County  
(Town, county, and state)

10. Usual occupation Novel

11. Industry or business

FATHER 12. Name Joe Harris

MOTHER 13. Birthplace Lubbock

14. Maiden name Rose Harrisson

15. Birthplace Lubbock

16. Informant Ritchie Hospital

Address Cascade, Md

Burial Date thereof April 8, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location Bel Alton, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. April 6, 1948  
(Date rec'd by registrar) Blanche S. Eyer  
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Charles

City or town Bel Alton  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1948, at 202 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2, 1948, to April 5, 1948,

and that I last saw him/her alive on April 4, 1948.

Immediate cause of death Paroxysm of Labor

DURATION Unknown

Due to:

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

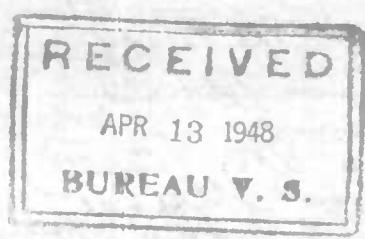
Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joseph M. Creager, M.D. or other

Address Bel Alton Hospital Date signed April 15, 1948



Evidence for change of  
birth date shown on:

FILM NO. G 115 MAY 3 - 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04233

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 6 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 32 Summer St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

219-05-2697

3. (a) FULL NAME

Joseph Leonard Heflin

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Helen R. Heflin

7. Birth date of deceased (mo. day, yr.) April 6, 1906 1916

8. AGE: Years Months Days If less than one day  
32 0 16 hrs. min.

9. Birthplace Front Royal, Virginia  
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER 12. Name Leonard R. Heflin

13. Birthplace Front Royal, Virginia

14. Maiden name Lula E. Cullers

15. Birthplace Bentonville, Virginia

16. Informant Leonard R. Heflin

Address 319 McDowell Ave.

17. Burial Date thereof April 25, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. (Date rec'd by registrar) April 25, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 22, 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. .... to 19. ....

and that I last saw him alive on

Immediate cause of death

Fractured skull

DURATION

6 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/24/48

Where did injury occur? Hagerstown, Wash. Md. City or town (County) (State)

Injured at home, farm, industry, public place (where?) 13 Wayside Ave.

Means of injury Fall off of porch Injured at work? yes

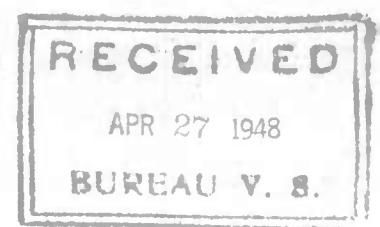
DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or other

23. SIGNATURE

R. Rohr / J. Wells Address Hagerstown, Md. Date signed 4/24/48





RECEIVED  
MAY 7 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04235

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

I

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days

Hospital, institution, or street address where death occurred:

(Hagerstown) Washington co Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

Harmon A. House

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

M. White Widowed

Florence E. Powell

## 6. (b) Name of husband or wife.....

## 7. Birth date of deceased (mo., day, yr.)

Aug. 4<sup>th</sup> 1862

8. (a) If alive, give age years

## 8. AGE:

Years

Months

Days

If less than one day

hrs. min.

85

8

5

## 9. Birthplace

Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

Cooper

## 11. Industry or business

Barrel

## MOTHER

## FATHER

## 12. Name

Samuel House

## 13. Birthplace

Maryland

## 14. Maiden name

Emma Melt

## 15. Birthplace

Maryland

## 16. Informant

Mrs. C. F. House

## Address

919 Oak St Hagerstown Md.

## 17. Burial

Date thereof 4/12/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Hagerstown Cemetery

## Location

Hagerstown Md.

## 18. Funeral director

L. F. Peacher

## Address

Hagerstown Md.

## Apr. 12 1948

## Death record by registrar

## Signature

## Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 919 Oak St

(If rural, give LOCATION)

## 2.(a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1948 at 7:28A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 7 1948 to Apr 9 1948

and that I last saw h. in alive on April 8 1948

## Immediate cause of death

Pneumonia cerebral

## Due to

Angocardia

## DURATION

3 days

## Due to

Senility

1 week

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

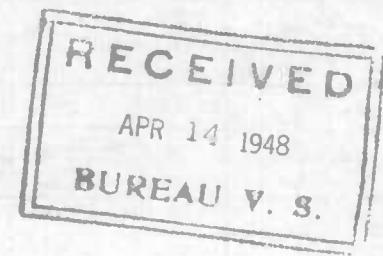
## 23. SIGNATURE

W. J. Layman, M.D.

M. D. or other

Address Hagerstown Md. Date signed Apr 12 1948

VS A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

04236  
Reg. Dist. No. 304

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
**Washington**  
 County.....  
 City or town.....  
**Rural Hancock**  
(If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Life  
 Hospital, Institution, or street address where death occurred:

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
**Maryland**  
 State.....  
 County.....  
 City or town.....  
**Washington**  
(If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
**Sylvan, Pa.**  
(If rural, give LOCATION)

How long in hospital or institution?

3. (a) FULL NAME  
**Isaac A. Keefer**

3. (b) Social Security Number

4. Sex <b>male</b>	5. Color or race <b>white</b>	6.(a) Single, married, widowed, or divorced <b>married</b>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife.....  
**Emma K. Keefer**

7. Birth date of deceased (mo., day, yr.)  
**August 9, 1864**

8. AGE: Years <b>83</b>	Months <b>8</b>	Days <b>12</b>	If less than one day hrs. .... min.
----------------------------	--------------------	-------------------	--

9. Birthplace.....  
**Franklin Co. Pa.**  
(Town, county, and state)

10. Usual occupation.....  
**retired farmer**

11. Industry or business.....  
**Peter A. Keefer**

12. Name..... <b>Pa.</b>
-----------------------------

13. Birthplace..... <b>Pa.</b>
-----------------------------------

14. Maiden name..... <b>Henrietta Keefer</b>
---

15. Birthplace..... <b>Franklin Co. Pa.</b>
--

16. Informant..... <b>Mrs. Lottie V. Grove</b>
---

Address.....  
**Hancock, Md.**

17. Burial..... <small>(Burial, cremation, or removal. Which?)</small>	Date thereof..... <b>April 25, 1948</b> <small>(month) (day) (year)</small>
---	---

Cemetery or crematory..... <b>Stone Bridge Cemetery</b>
--

Location..... <b>Sylvan, Pa.</b>
-------------------------------------

18. Funeral director..... <b>Snyder-Rowland</b>
--

Address..... <b>Hancock, Md.</b>
-------------------------------------

19. (Date rec'd by registrar) <b>Apr 24 48</b>
---

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....  
**April 21, 1948** at **11<sup>30</sup>a.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**Apr 21, 1948** to **Apr 21, 1948**  
 and that I last saw him ~~alive~~ dead **Apr 21, 1948**

Immediate cause of death.....  
**Chronic myocarditis**

Due to.....  
**Chronic nephritis**

Due to.....  
**Edema**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings or operations.....  
Date of op.

Autopsy results.....  
(Date of op.)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide.....  
Date of

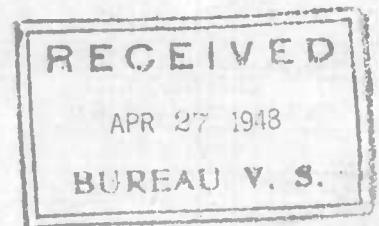
Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where)?.....  
Means of injury

Injured at work?.....  
Address

23. SIGNATURE.....  
**A.M.Shaffer M.D.**

M. D. or other  
Data signed



Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04237

Film No. G 115 MAY 11 1948 CERTIFICATE OF DEATH

83a  
300

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Rural - Sharpsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Sharpsburg RFD#3

How long in hospital or institution?

3. (a) FULL NAME

Jacob H. Kidwiler

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife Nannie Kidwiler

7. Birth date of deceased (mo. day. yr.) March 13, 1873

8. AGE: Years 75 Months 74 Days 1 It less than one day 0 hrs. min.

9. Birthplace Near Sharpsburg, Wash., Maryland

(Town, county, and state)

10. Usual occupation Laborer

On farm

11. Industry or business

12. Name Michael P. Kidwiler

13. Birthplace Washington County, Maryland

14. Maiden name Barbara Houser

15. Birthplace Washington County, Maryland

16. Informant Mary Gatrell

Address Taylor's Landing, Md.

17. Burial Date thereof April 16, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View Cemetery

Location Sharpsburg, Maryland

18. Funeral director Mrs. Edith V. Leaf

Address Williamsport, Md.

19. 4/15 1948

(Date rec'd by registrar)

Egg Bayard

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town RURAL - Sharpsburg RFD#3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Taylors Landing

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-2928

MEDICAL CERTIFICATION

2D. DATE OF DEATH

4/13/48

19. at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/2/48

19. to 4/13/48

19.

and that I last saw deceased on

4/13/48

19.

Immediate cause of death

Cerebral Apoplexy

DURATION

3 days

Due to

Hypertension

3 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

R. F. Gague M. D. or other

Address Williamsport, Md. Date signed 4/14/48

RECEIVED

MAY 7 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04238

Reg. Date No. 302

159

1. PLACE OF DEATH:  
 County Washington  
 City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Washington C. Hospital

How long in hospital or institution? 6 days

3. (a) FULL NAME  
 Richard Eugene Kline, Junior  
 INFANT

4. Sex male	5. Color or race white	6. (a) Single, married, widowed, or divorced single
-------------	------------------------	---

6. (b) Name of husband or wife.....None

7. Birth date of deceased (mo., day, yr.) 4-18-48

6. (c) If alive, give age years

8. AGE: Years 0	Months 0	Days 6	If less than one day hrs. .... min. ....
-----------------	----------	--------	--

9. Birthplace Washington C. Hosp., Hagerstown, Md.

(Town, county, and state)

10. Usual occupation NONE

11. Industry or business

12. Name MOTHER / FATHER	Richard E. Kline
13. Birthplace	HAGERSTOWN

14. Maiden name	Alma Virginia Stauffer
15. Birthplace	Hagerstown

16. Informant	Richard E. Kline
Address	1108 Beechwood Drive Hagerstown Md

17. Burial Cemetery or crematory	Baptist Haven Cemetery
Date thereof	4/25/48
(Burial, cremation, or removal, which?)	(month) (day) (year)

Cemetery or crematory	Baptist Haven Cemetery
Location	Hagerstown Md.

18. Funeral director	L.W. Peacher
Address	Gumkstown Md.

19. (Date rec'd by registrar)	Apr. 25 1948
	Death Record

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1108 Beechwood Drive

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number None

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1948 a.m. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-18 1948 to 4-28 1948

and that I last saw him alive on 4-24 1948

Immediate cause of death Premature Birth

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations NONE

Date of op.

Autopsy results PULMONARY ATELECTASIS

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

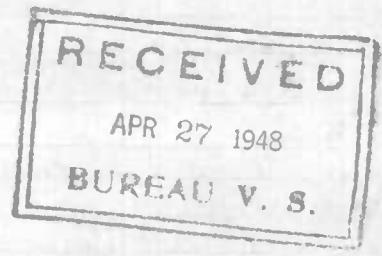
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Anne S. Nichols, M.D.

M. D. or other

Address Wash C. Hosp., Hagerstown Date signed 4-25



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04239  
93d  
8c

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

City or town

Washington  
Cascade

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 months - 21 days

Hospital, Institution, or street address where death occurred:

Bethesda Hospital

How long in hospital or institution?

6 months 21 days

## 3. (a) FULL NAME

George A Koenig

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

Married

6. (b) Name of husband or wife

Grace Wilhelm

7. Birth date of deceased (mo., day, yr.)

June 28 1891

6. (c) If alive, give age

50 years

8. AGE:

Years

Months

Days

If less than one day

56

9

10

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Machine

11. Industry or business

Western Maryland Dry

FATHER

12. Name

Unknown

MOTHER

13. Birthplace

11

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Mrs. Ethel Koenig

Address

2572 Mosher St

17. Burial

Date thereof April 19/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Meadow Ridge Memorial Park

Location

Charles St Park

18. Funeral director

Charles J. Towlle

Address

2427 Edmondson Ave

19. Date rec'd by registrar

19. 48

Date rec'd by registrar April 7 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

215-10-2635

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8

1948 at 8:43 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 17

1947 to April 8

1948

and that I last saw him alive on

April 8

1948

Immediate cause of death

Pneumonia

DURATION

10 days

Due to

Due to

Hepatorenal C.V. Disease

Cerebral Hemorrhage

Deaf-mutism

2 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas M. O'Neil, M.D. or other

Address

Bethesda Hospital Cascade, Md. Date signed 4/19/48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

042411

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No.

302

## 1. PLACE OF DEATH:

County

WASHINGTON

City or town

HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

51 yrs.

Hospital, Institution, or street address where death occurred:

177 N. LOCUST STREET

How long in hospital or institution?

## 3. (a) FULL NAME

ADA SNAVELY KRETTIER

## 3. (b) Social Security Number

NONE

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife:

HIPPIAM KRETTIER

6. (c) If alive, give age 83 years

7. Birth date of deceased (mo. day. yr.)

FEBRUARY 22, 1864

8. AGE:

84

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

SHARPSBURG WASHINGTON, MD.

(Town, county, end state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

MILLARD SNAVELY

12. Name

SHARPSBURG, MD

13. Birthplace

LORETTA ZIMMERMAN

14. Maiden name

SHARPSBURG, MD.

15. Birthplace

Mrs. Millard E. Miller, 15 daughter

16. Informant

122 N. Locust St.

Address

Burial

Date thereof 4/15/48

(Burial, cremation, or removal. Which?)

Cemetery or cemetery

Rosey Hill

Location

Hagerstown, Md.

18. Funeral director

W. J. Horment

Address

Hagerstown, Md.

19. Date rec'd by registrar

Apr. 7

19. 48

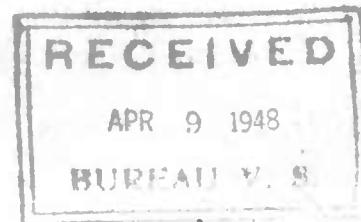
B. H. H. Board

Registrar

VS A15 9-45-15M

VS A15 9-45-15M&lt;/

Dr. R. A. Bell  
119 N. Potomac.



**I**

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

66

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04241

## CERTIFICATE OF DEATH

303

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington

City or town Rural - Clearsprings, Md.

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Residence

How long in hospital or institution?

## 3. (a) FULL NAME

Frederick Harry Lesher

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Matilda B. Lesher

7. Birth date of deceased (mo., day, yr.) 1877 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
71                     hrs. min.

9. Birthplace Washington Co., Maryland (town, county, and state)

10. Usual occupation Laborer

## 11. Industry or business

Isaac Lesher

12. Name Isaac Lesher

13. Birthplace Washington Co., Maryland

14. Maiden name Catherine Tice

15. Birthplace Washington Co., Maryland

16. Informant Mrs. Matilda Lesher

Address Clearsprings, Md. Rural Route 40

17. Burial Date thereof April 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

St. Pauls Cemetery

Cemetery or crematory Location U.S. Route # 40, E. of Clearsprings, Maryland

18. Funeral director Snyder &amp; Rowland

Address Clearsprings, Maryland

19. Date rec'd by registrar April 22, 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Washington

City or town Clearsprings, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. U.S. Route # 40

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940-

19 April 19, 1948

and that I last saw him/her alive on April 17,

1948

Immediate cause of death

Coronary Occlusion

DURATION

Sudden

Due to

22. Arterio Sclerosis

8 yrs

Due to

Other conditions

Myocardial Sclerosis 5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

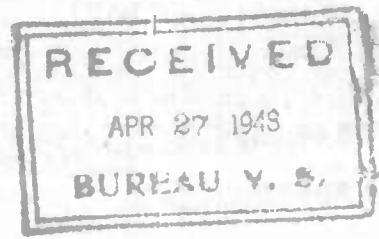
Means of injury

Injured at work?

23. SIGNATURE David P. Brewer M.D.

M. D. or other

Address Clear Spring Md. Date signed 4/22/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a  
04242

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution?

## 3. (a) FULL NAME

William Henry McAvoy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White - Single

6. (b) Name of husband or wife

- Single -

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

November - 5 - 1911

8. AGE: Years Months Days If less than one day

36 5 20 hrs. min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual occupation Retired Employee

11. Industry or business Fairchild Aircraft.

12. Name John W. McAvoy

13. Birthplace Baltimore Md.

14. Maiden name Stella Mae Smith

15. Birthplace Bonsurow Md.

16. Informant Mrs. Stella M. McAvoy

Address Bonsurow Md.

17. Burial - Date thereof April 28, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Bonsurow Cemetery

Location Bonsurow Md. I

18. Funeral director C. W. J. Best &amp; Son

Address Bonsurow Md.

19. Apr. 27, 1948 Death Bowers

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Bonsurow

(If outside city or town limits, write RURAL and give nearest town)

Street No. 7 Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war no.

## 3. (b) Social Security Number

219-01-9148

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1948 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 25, 1948, to April 25, 1948,

and that I last saw him alive on April 25, 1948.

Immediate cause of death

Cerebral Hemorrhage.

Due to

Malignant Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Walter F. Shealy M.D. M. D. or other

Address Sharpsburg, Md. Date signed Apr. 27, 1948



04243

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

**1. PLACE OF DEATH:**  
 County Washington  
 City or town Williamsport  
 (If outside city or town limits, write RURAL and give nearest town) Lifetime  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred: 121 West Potomac  
 How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Williamsport  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 121 West Potomac St.  
 (If rural, give LOCATION)

**3. (a) FULL NAME**  
 Effie Rachel McCardell

**3. (b) Social Security Number**  
 None

**4. Sex** Female **5. Color or race** White **6. (a) Single, married, widowed, or divorced** Widowed

**6. (b) Name of husband or wife** R. Eugene McCardell

**7. Birth date of deceased (mo. day, yr.)** Jan. 25, 1868 **6. (c) If alive, give age** years

**8. AGE:** Years 80 Months 3 Days 0 It less than one day hrs. min.

**9. Birthplace** Williamsport, Wash., Maryland  
 (Town, county, and state)

**10. Usual occupation** Housewife

**11. Industry or business** At Home

**MOTHER FATHER** **12. Name** Jerome King

**13. Birthplace** Williamsport, Md.

**14. Maiden name** Rachel Shook

**15. Birthplace** Williamsport, Md.

**16. Informant** Norman R. McCardell

**Address** Williamsport, Maryland.

**Burial** Cemetery or crematory Riverview Cemetery  
 Date thereof April 30, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

**Location** Williamsport, Maryland

**18. Funeral director** Edith V. Leaf

**Address** Williamsport, Maryland,

**19. Date rec'd by registrar** Mrs. E. Lee McElroy  
 (Date rec'd by registrar) 4/30/48  
 (Date signed) 4/30/48

## MEDICAL CERTIFICATION

**20. DATE OF DEATH** Jan. 25, 1948 at 4 a.m.

**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1948, to Jan. 25, 1948, and that I last saw her alive on Jan. 25, 1948.**

**Immediate cause of death**

**Due to** Myocarditis Chronic 4 mos.

**Due to** Atherosclerosis 4 mos.

**Other conditions** Cerebral, General  
 (Include pregnancy within 3 months of death)

**Major findings of operations**

Date of op.

**Autopsy results**

**PHYSICIAN: Please underline the cause to which death should be charged statistically.**

**22. VIOLENCE:** If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

**23. SIGNATURE** Mrs. E. Lee McElroy M. D. or other

**Address** Williamsport, Md. Date signed 4/30/48



**M** PLEASE WRITE PLAINLY, IN UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ditto

04244

Reg. Dist. No. 302

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

qad

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 Years  
Hospital, institution, or street address where death occurred:  
1400 Salem Ave.  
How long in hospital or institution? ---

3. (a) FULL NAME  
**MRS. LILLIAN SHUMAN MEYNCKE**

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widowed
---------------	------------------------	--

6. (b) Name of husband or wife Charles

7. Birth date of deceased (mo., day, yr.) November 15, 1856

8. AGE: Years 91	Months 5	Days 0	If less than one day hrs. .... min.
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9. Birthplace Columbia, Lancaster Co., Penna.  
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

MOTHER FATHER  
12. Name John Shuman

13. Birthplace Columbia Pa.

14. Maiden name Rebecca Brown

15. Birthplace Maytown Pa.

16. Informant Carl S. Meyncke

Address Hagerstown Md.

17. Burial Date thereof 4/17/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Luthern Cemetery

Location Maytown Penna.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

Apr. 16, 1948 *Blair Powers*,  
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 1400 Salem Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

3. (b) Social Security Number  
**None**

## MEDICAL CERTIFICATION

2D. DATE OF DEATH April 15 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-11-48 to 4-15-48

and that I last saw her alive on 4-11-48

Immediate cause of death

*Cardio-vascular disease*

DURATION 6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *W. L. Smith*

M. D. or other

Address *Hagerstown* Date signed *4/16/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and definitely.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. W. Oaklander

157e

04245

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

Childrens Hospital

How long in hospital or Institution? 1 Week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Childrens Hospital

(If rural, give LOCATION)

---

2.(a) If veteran, name war

## 3. (a) FULL NAME

RUTH ELIZABETH MORNINGSTAR

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

---

6.(b) Name of husband or wife

6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) January 11 1948

8. AGE: Years Months Days If less than one day  
- 3 18 . hrs. . min.

9. Birthplace Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Infant

---

11. Industry or business

12. Name David Morningstar

13. Birthplace Kearneysville W.Va.

14. Maiden name Daisy B. Johnson

15. Birthplace Martinsburg W. Va.

16. Informant David Morningstar

Address Hagerstown Md.

17. Burial Date thereof 4/30/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion Cemetery

Location Kearneysville W. Va.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Date rec'd by registrar Apr. 29 1948 Great Flowers

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1948 19 at 3 M P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 11 1948 to April 29 1948

and that I last saw her alive on April 28 1948

Immediate cause of death

Congenital Heart Disease

DURATION

3 mo 18 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Edm. &amp; Howell, MD M. D. or other

Address 115 W. Wood St. Date signed April 29, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04246

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 302

1. PLACE OF DEATH: Washington  
 County.....  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 34 years  
 Hospital, institution, or street address where death occurred:  
 331 Jefferson St.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State Maryland County Washington  
 City or town..... Hagerstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 331 Jefferson St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME  
 John Ezra Musey Sr.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Male	White	Married		
Hazel N. Musey				
6.(b) Name of husband or wife				
7. Birth date of deceased (mo., day, yr.) December 10, 1909				
6.(c) If alive, give age 39 years				
8. AGE:	Years 38	Months 4	Days 16	If less than one day
				hrs. .... min.
9. Birthplace Waynesboro			Franklin Co. Pa.	
(Town, county, and state)				
10. Usual occupation Bookkeeper				
11. Industry or business Wantz Bottling Works				
12. Name J. Ezra Musey				
13. Birthplace Hagerstown Md.				
14. Maiden name Clara B. White				
15. Birthplace Hagerstown Md.				
16. Informant Fred Musey				
Address Hagerstown Md.				
17. Burial Date thereof April 28, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetery Location Hagerstown Md.				
18. Funeral director Scott F. Minnich & Son Address Hagerstown Md.				
19. Date rec'd by registrar Apr. 28, 1948 (Date rec'd by registrar) Signature B. Powers Registrar				

3. (b) Social Security Number

214-09-1458

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1948 4:15a.m.

21. I CERTIFY that death occurred on the date above stated; that deceased from April 13, 1948 to April 26, 1948 and that I last saw him alive on April 25, 1948.

Immediate cause of death Poly cystic disease of both lungs.

Due to: Congenital

Due to: Duration

Other conditions Myocardial failure 3 days

(Include pregnancy within 3 months of death)

Major findings of operations (none)

Autopsy results Polycystic disease of lungs - Chronic myocarditis  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE RB Powers M.D. or other  
 Address Hagerstown Md. Date signed 4/27/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04247

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:  
Washington  
County.....

City or town.....  
Sandy Hook  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 59 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME  
Ross, Conkling Nelson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife..... None

7. Birth date of deceased (mo., day, yr.)..... March 20, 1889

8. AGE: Years	Months	Days	It less than one day
59	1	9	hrs. .... min.

9. Birthplace..... Sandy Hook, Washington Co., Md.  
(Town, county, and state)

10. Usual occupation..... Railroad Brakeman (Retired)

11. Industry or business..... B. & O. Railroad

MOTHER FATHER  
12. Name..... William Henry Nelson

13. Birthplace..... Maryland

14. Maiden name..... Eliza Jane Ross

15. Birthplace..... Strasburg, Virginia

16. Informant..... Mrs. Henry Holder

Address..... RFD # 1, Knoxville, Maryland

17. Burial..... Date thereof..... May 2, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Brownsville Cemetery

Location..... Brownsville, Maryland

18. Funeral director..... Melvin J. Strader

Address..... Charles Town, West Va.

19. Date rec'd by registrar..... Apr. 30, 1948  
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State..... Maryland County..... Washington  
City or town..... Sandy Hook  
(If outside city or town limits, write RURAL and give nearest town)

Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number  
None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 29, 1948, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19, 1947, to April 28, 1948,

and that I last saw him alive on April 28, 1948.

Immediate cause of death..... Cardiac failure DURATION

Due to..... chronic myocarditis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

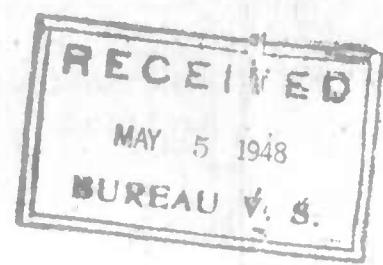
Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other.....

Date signed..... Apr. 29, 1948

Address..... Princeton, Ma



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In corrections, please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d  
04248

Reg. Dist. No. 305

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Saxe mas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, institution, or street address where death occurred: Falmary Memorial Home

How long in hospital or institution? 14 yrs

## 3. (a) FULL NAME

Savilla Morris

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Female

White

Single

## 6. (b) Name of husband or wife

Single

## 7. Birth date of deceased (mo., day, yr.)

November - 4 - 1858

## 6. (c) If alive, give age years

## 8. AGE:

Years  
89Months  
5Days  
18

If less than one day hrs. min.

## 9. Birthplace

Robersville, Md.

(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

Horatio Morris

## 12. Name

Horatio Morris

## 13. Birthplace

Robersville, Md.

## 14. Maiden name

Susan Benshing

## 15. Birthplace

Burkettsville, Md.

## 16. Informant

Records of Falmary Memorial Home

## Address

Boonsboro, Md. R. 2

## 17. Burial

Date thereof April 24, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

## Cemetery or crematory

Robersville Cemetery

## Location

Robersville, Md.

## 18. Funeral director

John S. Best &amp; Sons

## Address

Boonsboro, Md.

## 19. Date rec'd by registrar

April 24,

1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Robersville

Street No. Rural

(If rural, give LOCATION)

## 2.(a) If veteran, name war

no

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH April 22, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16, 1948 to April 22, 1948

and that I last saw her alive on April 21, 1948

## Immediate cause of death

Chronic Hypertension

## Due to

Hypertension

Due to  
Hypertension of right foot

## Other conditions

## DURATION

10 yrs

10 yrs

2 mos.

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

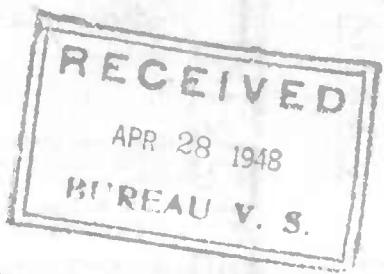
Injured at work?

## 23. SIGNATURE

GW Miller M.D.

M. D. or other

Address Boonsboro, Md. Date signed April 23, 1948







PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04250

702

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

WASHINGTON

City or town.....

HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

7 yrs 6 months

Hospital, institution, or street address where death occurred:

553 FREDERICK STREET

How long in hospital or institution?.....

## 3. (a) FULL NAME

LAURA ELLEN

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

FEMALE WHITE WIDOWED

## 6.(b) Name of husband or wife

HARRY W. PALMER

## 7. Birth date of deceased (mo., day, yr.)

DECEMBER 14, 1871

.....(c) If alive, give age.....years

8. AGE:

Years  
76Months  
4Days  
1If less than one day  
hrs. .... min.

9. Birthplace

WOLFSVILLE, FREDERICK, MD.

(Town, county, and state)

## 10. Usual occupation

HOUSEWIFE

## 11. Industry or business

MOTHER FATHER

DAVID FARSHI

MARYLAND

MARGARET ECCARD

MARYLAND

16. Informant

Holdie M. Martin

Address 563 Frederick St

17. Burial

Date thereof. 4/18/48

(month) (day) (year)

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Wolfsville United Brethren

Location Frederick County, Md.

18. Funeral director

W. T. Horner

Address Hagerstown, Md.

19. (Date rec'd by registrar)

1948

Cause of death

Signature of Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND

County

WASHINGTON

City or town

HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

Street No.

553

FREDERICK STREET

(If rural, give LOCATION)

2.(a) If veteran, name war.

NON-VET.

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH

15 Apr 48

19

at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

15 Feb

1946

to 15 Apr 48

1948

and that I last saw her alive on 13 Apr 48

19

Immediate cause of death

Arterio Sclerotic Cardio Vascular Disease

DURATION

104+ t

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

F. J. Husby

Address 230 N Potowm

M. D. or other

Date signed 16 Apr 48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04251

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington

City or town..... Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 25 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?..... 7 days

## 3. (a) FULL NAME

Raymond Wakeman Parks

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife..... Sylvia G. Parks

7. Birth date of deceased (mo., day, yr.)..... November 1, 1895  
6.(c) If alive, give age..... 47 years8. AGE: Years Months Days If less than one day  
52 5 20 hrs. min.9. Birthplace..... Texas, Maryland  
(Town, county, and state)

10. Usual occupation..... Owner

11. Industry or business..... Hagerstown Dairy

MOTHER FATHER  
12. Name..... Eugene Parks

13. Birthplace..... Maryland

14. Maiden name..... Genevieve Eckart

15. Birthplace..... Cecil Co., Maryland

16. Informant..... Mrs. Raymond W. Parks

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 4-23-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Rest Haven Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter &amp; Sons

Address..... Hagerstown, Maryland

Apr. 22, 1948 Ghost Powers  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1131 Oak Hill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

214-09-8965

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 21 19 48 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated: The deceased from

March 20 1947 to April 21 1948

and that I last saw him alive on April 21 1948

Immediate cause of death.....

angina pectoris (mild)

DURATION

13 mo.

Due to..... Lobar pneumonia

(Type unknown)

Due to.....

myocardial congestive

Other condition..... heart failure grade IV

6 d.

6 d.

(Include pregnancy within 8 months of death)

Major findings or operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... No

Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... Robert Wells, M.D.

M. D.

Address..... Hagerstown, Md. Date signed..... Apr. 21, 1948

RECEIVED

APR 24 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04252

## CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:  
 County Washington  
 City or town Pleasantville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 years  
 Hospital, Institution, or street address where death occurred:  
 R.F.D. #1, Harpers Ferry, West Va.  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Washington  
 City or town Pleasantville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D. #1, Harpers Ferry, West Va.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

3. (a) FULL NAME  
 Ivy Blanch Fenner

3. (b) Social Security Number  
 None

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
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6.(b) Name of husband or wife Jacob Solomon Penner

7. Birth date of deceased (mo. day, yr.) October 13, 1897

6.(c) If alive, give age 49 years

8. AGE: Years 50	Months 5	Days 23	If less than one day hrs. .... min.
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9. Birthplace Oakland, Maryland  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER  
 12. Name William Clark

13. Birthplace Oakland, Maryland

14. Maiden name Lillian Bowers

15. Birthplace Hutton, West Virginia

16. Informant Mr. Jacob S. Penner

Address R.F.D. #1, Harpers Ferry, West Va.

17. Burial Date thereof 4/8/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Maryland

18. Funeral director Melvin J. Strader

Address Charles Town, West Va.

April 6, 1948 Cornelius H. Castle  
 (Date rec'd by registrar) Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1948 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sep. 12, 1947 to Apr. 5, 1948

and that I last saw him alive on March 30, 1948

Immediate cause of death Cremation, generalized.

Due to Adenocarcinoma, rectum, hiatal.

Due to:

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations Adenocarcinoma rectum.

Date of op. Sept. 47

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

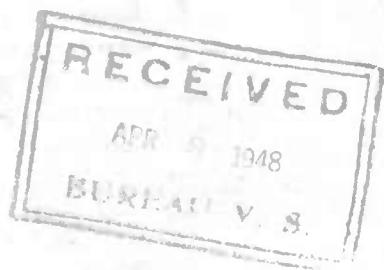
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. P. Smith MD.

M. D. or other

Address Brunswick, Md. Date signed 4-6-48



**M** PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04253

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

31 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:  
1815 Heisterboro Road

How long in hospital or institution?

## 3. (a) FULL NAME

Luella I. Perham

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed

## 6.(b) Name of husband or wife

Vaughan A. Perham

6.(c) If alive, give age years

## 7. Birth date of deceased (mo. day. yr.)

July 11, 1870

## 8. AGE:

Years  
77Months  
8Days  
28

It less than one day

hrs.

min.

## 9. Birthplace

Waynesboro, Penna.  
(Town, county, and state)

## 10. Usual occupation

Home duties

## 11. Industry or business

**MOTHER FATHER**

John R. Hoeflich

Penns.

Mary C. Resser

Penns.

## 16. Informant

Miss Mildred Perham

## Address

1815 Heisterboro, Road

## 17. Burial

Date thereof April 8, 1948  
(Burial, cremation, or removal. Which?)

Rest Haven Cemetery

Cemetery or crematory

Hagerstown, Md.

## 18. Funeral director

Fred W. Kraiss

## Address

Hagerstown, Md.

## 19. (Date rec'd by registrar)

Apr. 10. 1948 Death Record

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1815 Heisterboro, Road

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1948 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1-48 to 4-8-48

and that I last saw her alive on 4-7-48 1948

## Immediate cause of death

Cardiac Vasculitis Sudden 10 p.m.

Due to

Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or other

Address Hagerstown, Md. Date signed Apr. 10, 1948

RECEIVED  
APR 13 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04254-302  
Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Washington Co. Hospital, Hagerstown MD.

How long in hospital or institution? 4 days

3. (a) FULL NAME

Benjamin Poffenberger

4. Sex male 5. Color or race wh. 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Daisy L. Poffenberger

7. Birth date of deceased (mo., day, yr.) Oct. 19. 1874

8. AGE: Years Months Days If less than one day  
74 7 15 hrs. min.

9. Birthplace Rohrsville, M.D.

(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Sampson Poffenberger

13. Birthplace M. Rohrsville Wash Co, Md

14. Maiden name S. S. AM. PACATER

15. Birthplace M. Myersville, Fred. Co., Md.

16. Informant DAISY L Poffenberger

Address Rohrsville, MD.

17. BURIAL Date thereof APR 6 - 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory ROHRSVILLE CEMETERY

Location Rohrsville, Md

18. Funeral director Mr. F. Bast &amp; Son

Address Braddock Rd

Apr. 5. 1948. Chestnwood

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rohrsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war N

3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4 1948 at 1:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/31 1948 to 4/4 1948

and that I last saw him alive on 4/3/48

Immediate cause of death Essential hypertension

DURATION 2 yrs

Due to

Due to

Other conditions Pulmonary Edema

Hypertensive cardio-vascular disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

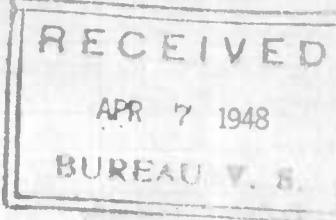
Means of injury Injured at work

23. SIGNATURE Marjorie J. Gallibor M.D.

M. D. or other

Address Hagerstown Md.

Date signed 4/14/48



**I**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 1425502

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

427 Mechanic Street

How long in hospital or institution?

## 3. (a) FULL NAME

Peter Parley Ragland

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Mattie L. Ragland

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

May 29, 1880

8. AGE:

Years  
67Months  
10Days  
14If less than one day  
hrs. .... min.

9. Birthplace

Buckingham Co. Va.

(Town, county, and state)

10. Usual occupation

Night Watchman

11. Industry or business

Unknown

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Harry Ragland

16. Informant

Hagerstown, Maryland

Address

Burial Date thereof April 15, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

19. Date rec'd by registrar

Apr. 14, 1948

(Date rec'd by registrar)

Short Board

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 427 Mechanic Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12 1948 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 8 1948 to April 12 1948

and that I last saw h. in alive on April 11 1948

Immediate cause of death

Pulmonary edema

DURATION

3 days

Due to

Upper division cardio vascular disease

?

Due to

Other conditions

Old left sided hemiplegia (Include pregnancy within 3 months of death)

6 mo

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

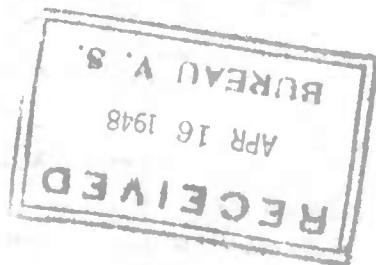
Injured at work?

23. SIGNATURE

W. J. Laymon, M.D. M. D. or other

Signature Apr. 15, 1948 Date signed

Address



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04255

302

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

On the Street Summit Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

John Ramsey

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife.....

7. Birth date of  
deceased (mo. day. yr.)

8.(c) If alive, give age.....years

February 12, 1893

8. AGE:

Years

Months

Days

If less than one day

55

1

26

hrs.

min.

9. Birthplace.....

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation.....

Peddler (Fruit Stand)

11. Industry or business

MOTHER FATHER

12. Name..... Edward E. Ramsey

13. Birthplace..... Baltimore, Maryland

14. Maiden name..... Mary O'Connor

15. Birthplace..... Baltimore, Maryland

16. Informant.....

Mrs. Margaret Beales

Address

Baltimore, Maryland

17. Burial.....

Date thereof..... 4-15-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... National Cemetery

Location..... Sharpsburg, Maryland

18. Funeral director..... C. M. Suter &amp; Sons

Address..... Hagerstown, Maryland

19. Apr. 15, 1948 (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 82 Summit Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war..... World War #1

## 3. (b) Social Security Number

215-14-1681

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 7 48 at 6:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18..... to..... 19.....

and that I last saw him..... alive on.....

Immediate cause of death.....

acute coronary occlusion

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

no

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide..... no Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

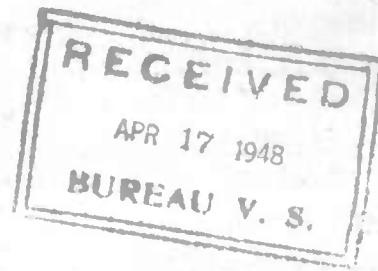
Means of injury..... fell dead on street Injured at work?.....

DEPUTY MEDICAL EXAMINER.....

Signature..... Robert Wells WASH. CO., MD.

M. D. or other..... Date signed..... Apr. 10, 1948





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04257

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

On file  
M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 hrs.

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution? 24 hrs.

## 3. (a) FULL NAME

Otho James Reeder

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White Married

6. (b) Name of husband or wife Betty Cronise Reeder

6. (c) If alive, give age years

7. Birth date of deceased (mo. day yr.) October - 17 - 1867

8. AGE: Years 80 Months 6 Days 1 If less than one day hrs. min.

9. Birthplace Fred. Co. Md. (Town, county, and state)

10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Daniel Reeder

13. Birthplace Fred. Co. Md.

14. Maiden name Susanne Beachley

15. Birthplace Fred. Co. Md.

16. Informant Mrs. Betty C. Reeder

Address Boonsboro Md. R. 2

17. Burial Date thereof April 21, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Wm J. Bart &amp; Sons

Address Boonsboro Md.

19. Date rec'd by registrar Apr. 19. 1948 Street flowers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Clevelandsville Rural

Street No. Boonsboro Md. R. 2

(If rural, give LOCATION)

2.(a) If veteran, name war no.

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

2d. DATE OF DEATH April 18 1948 at noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1948 to April 18 1948 and that I last saw him alive on April 18 1948

Immediate cause of death

Cardio-Renal Vasculär Disease

DURATION

5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

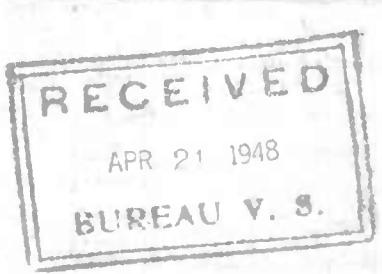
Injured at home, farm, industry, public place (where?)

Nature of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Boonsboro Date signed 4/18/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9405

04258

302

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County..... Washington

City or town..... Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 50 years

Hospital, Institution, or street address where death occurred:

130 West Bethel Street

How long in hospital or institution?.....

## 3. (a) FULL NAME

Mary Hickman Reid

4. Sex      5. Color or race      6. (a) Single, married, widowed, or divorced

Female      Colored      Widow

6. (b) Name of husband or wife..... John Reid

7. Birth date of deceased (mo., day, yr.) ..... 6. (c) If alive, give age..... years

1879

8. AGE:      Years      Months      Days      If less than one day

69      --      --      hrs.      min.

9. Birthplace..... Franklintown, W. Va.

(Town, county, and state)

10. Usual occupation..... Housework

## 11. Industry or business

12. Name..... John Hickman

13. Birthplace..... Franklintown, W. Va.

14. Maiden name..... Not Known

15. Birthplace..... Not Known

16. Informant..... Eva Lee

Address..... Cumberland, Maryland

17. Burial..... Date thereof..... 4-10-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... William Downey

Address..... Hagerstown, Maryland

19. Date rec'd by registrar..... Apr. 10 1948

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland      County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 130 West Bethel Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

NONE

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... APRIL 6, 1948, at 9:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 19, 1947, to APRIL 6, 1948,

and that I last saw her alive on APRIL 5, 1948.

Immediate cause of death..... CORONARY OCCLUSION DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

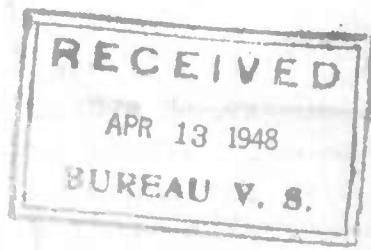
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... N. Alan Harris M.D.

M. D. or other

Address..... 651 PENNSYLVANIA Date signed..... 4/7/48



**PLEASE WRITE PLAINLY WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Lusby  
04209

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

27 1/2 W. Antietam St.

How long in hospital or institution?

## 3. (a) FULL NAME

MRS IDA PEARL RENNER

## 4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widow

## 6.(b) Name of husband or wife

Oscar L. Renner

## 7. Birth date of deceased (mo. day, yr.)

February 1, 1894

6.(c) If alive, give age —— years

## 8. AGE:

Years

Months

Days

If less than one day

54

2

4

hrs.

min.

## 9. Birthplace

Hagerstown, Washington Co. Md.

(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Own Home

## MOTHER FATHER

## 12. Name

Robert L. Guessford

## 13. Birthplace

Hagerstown Md.

## 14. Maiden name

Sarah Everhart

## 15. Birthplace

Hagerstown Md.

## 16. Informant

Mrs Mary White

## Address

Hagerstown Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/7/48

(month) (day) (year)

## Cemetery or crematory

Rose Hill Cemetery

## Location

Hagerstown Md.

## 18. Funeral director

Andrew K. Coffman

## Address

Hagerstown Md.

## 19. apr. 6.

19.48

Ghostowers

Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 37 1/2 W. Antietam St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15

18.46, to

5 Apr 1948

and that I last saw her alive on 3 Apr 1948

Immediate cause of death

Cervical scoliosis Cauda equina disease with myocardial failure

DURATION

2 yrs t

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Nuf

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

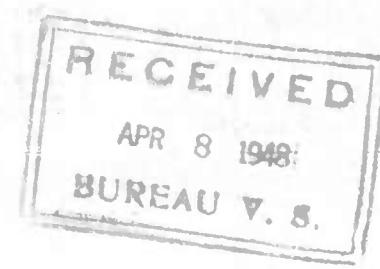
23. SIGNATURE

F. J. Lusby

M. D. or other

Address 230 N. Pitt St.

Date signed 6 Apr 48



**M** PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
**C** is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04260

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County Washington  
 City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 2 days

## 3. (a) FULL NAME

Rickie Reynold

## 4. Sex

Male

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

## 7. Birth date of deceased (mo., day, yr.)

April 10, 1948

## 8. AGE: Years

On

## Months

0

## Days

2

## If less than one day

....hrs.

.....min.

9. Birthplace..... Hagers...town, Wash. Co. Md. ....  
(Town, county, and state)

## 10. Usual occupation.....

## 11. Industry or business

12. Name..... John Vernon Reynold

13. Birthplace..... Hagerstown, Maryland

14. Maiden name..... Lois A. Shoemaker

15. Birthplace..... Hagerstown, Maryland

16. Informant..... John V. Reynold

Address..... 16 S. Mulberry St. Hagerstown

17. Burial.....

Date thereof..... April 13, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Rest Haven Cemetery

Location.....

Hagerstown, Maryland

18. Funeral director..... Fred W. Kraiss

Address.....

Hagerstown, Maryland

19. Date rec'd by registrar..... Apr. 13. 1948

Signature..... Gladys Powers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No..... 16 South Mulberry St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 12, 1948 19. 11:29 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10, 1948 to April 12, 1948  
 and that last saw him alive on April 12, 1948

Immediate cause of death.....

Prematurity (2 mos.)

Due to.....

Due to.....

Other conditions..... None

None

(Include pregnancy within 3 months of death)

Major findings of operations.....

None

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE..... La Bell

M. D. *La Bell*

Address..... Hagerstown, Md. Date signed..... Apr. 13/48

RECEIVED

APR 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04261  
Reg. Dist. No. 306

1. PLACE OF DEATH:  
County Washington

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Blue Ridge Summit

Hospital, institution, or street address where death occurred:  
Fitchie Hospital

How long in hospital or institution? 3 mo. & 24 days

3. (a) FULL NAME  
John Thomas Seewell

4. Sex <u>M</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------	-------------------------------	---

6. (b) Name of husband or wife Sarah Seewell

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1857

8. AGE: Years 99 Months 3 Days 29 It less than one day hrs. min.

9. Birthplace Great River Anne Arundel Co  
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business General Carpenter

12. Name General Carpenter

13. Birthplace Maryland

14. Maiden name J. Carpenter

15. Birthplace

16. Informant Sarah Seewell

Address Broadmoor Island, Md.

17. Burial Date thereof April 17, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broadmoor Island Cemetery

Location Broadmoor Island, Md.

18. Funeral director A. A. Hartnett & Son

Address Mutual - Maryland

19. Date rec'd by registrar Apr. 15, 1948

(Date rec'd by registrar) See W. Ferguson

Registrar John H. Ferguson

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Broadmoor Island  
(If outside city or town limits, write RURAL and give nearest town)

Street No.   
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number Note

## MEDICAL CERTIFICATION

2d. DATE OF DEATH April 14, 1948 at 1:50 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20, 1948 to April 14, 1948

and that I last saw him alive on 4/14/48 1948

Immediate cause of death Stroke of apoplexy

DURATION 6 days

Due to Arterio sclerosis

5 yrs

Due to Heart disease

20 yrs

Due to severe generalized arteriosclerosis

5 yrs

Other conditions

20 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of

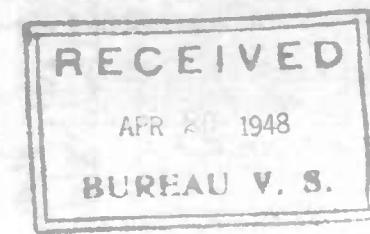
Where did injury occur?  (City or town)  (County)  (State)

Injured at home, farm, industry, public place (where?)

Means of injury  Injured at work?

23. SIGNATURE J. G. D. Ferguson, M.D.  
M. D. or Other

Address Fitchie Hospital Date signed 4/14/48



04262

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

437 Mechanic Street

How long in hospital or institution?

## 3. (a) FULL NAME

Charles E. Slick

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Eva S. Slick

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

January 28, 1870

8. AGE:

Years  
78Months  
2Days  
18

If less than one day

hrs.

min.

9. Birthplace

Hagerstown, Maryland

(Town, county, and state)

10. Usual occupation

Employee M.P. Moller Co.

11. Industry or business

MOTHER FATHER

12. Name James Slick

13. Birthplace Maryland

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs. Eva S. Slick

Address 437 Mechanic St. Hagerstown,

17. Burial

Date thereof April 19, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

19. Apr. 19, 1948

Signature Charles Powers

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or towne

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 437 Mechanic Street

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

220-10-3427

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1948 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10, 1948 to April 15, 1948  
and that I last saw h. 10:00 alive on April 15, 1948

Immediate cause of death

Hypertensive cardio

Due to muscular renal

disease

Due to Uremia

DURATION

1 yr

1 wk.

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

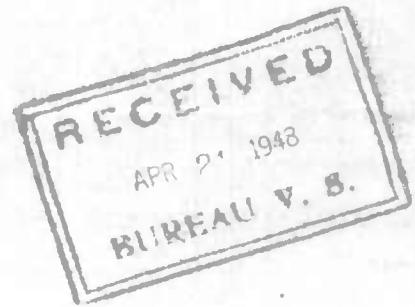
Means of injury

Injured at work?

23. SIGNATURE

Ernest J. Borland, M.D. or other

Address 1 Hagerstown, Md. Date signed Apr. 17, 1948





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The service age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

04263  
302

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 2 days

## 3. (a) FULL NAME

George W. Smith

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

widowed

## 6. (b) Name of husband or wife

Anna M. Spencer

6. (c) If alive, give age years

## 7. Birth date of deceased (mo. day yr.)

June 21, 1866

## 8. AGE:

Years 81

Months 9

Days 29

If less than one day

hrs. . . . .

min. . . . .

9. Birthplace Frederick Co. Md

(Town, county, and state)

## 10. Usual occupation

Retired Farmer

## 11. Industry or business

## 12. Name

George W. Smith

## 13. Birthplace

Germany

## 14. Maiden name

Mary Spuff

## 15. Birthplace

Middletown Md

## 16. Informant

Elmer E. Smith

## Address

Waynesboro Pa

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 4/23/48

(month) (day) (year)

## Cemetery or ossuary

Burns Hill

## Location

Waynesboro Pa

## 18. Funeral director

Walter Y. Grove

## Address

278 Church St. Waynesboro

## Apr. 22, 1948

## Date rec'd by registrar

## Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

## State

Md County Washington

## City or town

Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

## Street No.

58 S. Ave

(If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

4/20/48

## 19.

at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/18/48 19 4/20/48 19 to 4/20/48 19

and that I last saw him alive on 4/20/48 19

## Immediate cause of death

Congestive heart failure 100

## Due to

## Due to

## Other conditions

Sept. appendicitis 2 day

(Include pregnancy within 8 months of death)

## Major findings of operations

Acute appendicitis

Date of op. 4/18/48

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

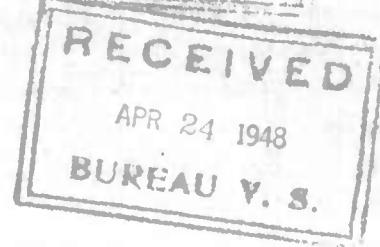
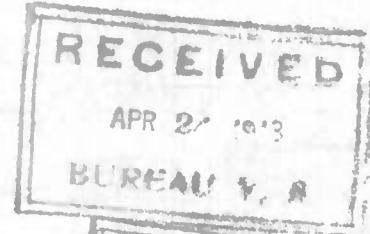
Means of injury Injured at work?

## 23. SIGNATURE

Starkey MD

M. D. or other

Address 100 S. Main St., Hagerstown, Md Date signed 4/22/48



PLEASE WRITE PLAINLY, WITH UNFADING INK,  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

04264

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington  
City or town Beaver Creek Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

Hagerstown Md. R. 3.

How long in hospital or institution? at Home

## 3. (a) FULL NAME

Russell S. Spielman

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

White

Married

## 6. (b) Name of husband or wife Virginia White Spielman

## 7. Birth date of deceased (mo., day, yr.)

December - 8 - 1905

## 6. (c) If alive, give age 40 years

## 8. AGE:

Years 42

Months 3

Days 24

If less than one day

hrs. min.

## 9. Birthplace

Sharpsburg Wash. Co. Md.

(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

Ave Farm

## MOTHER FATHER

## 12. Name Harry A. Spielman

## 13. Birthplace Ridgely Wash. Co. Md.

## 14. Maiden name Jessie Storms

## 15. Birthplace Boonsboro Clark. Co. Md.

## 16. Informant Mrs. Virginia Spielman

## Address

Hagerstown Md. R. 3.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April - 9 - 1948

(month) (day) (year)

## Cemetery or crematory Luthersburg Cemetery

## Location Beaver Creek Md.

## 18. Funeral director W. J. Baet &amp; Sons

## Address Boonsboro Md.

## 19. Date rec'd by registrar April - 8 - 1948

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaver Creek Rural

Street No. Hagerstown Md. R. 3.

(If rural, give LOCATION)

## 2. (a) If veteran, name war

none

## 3. (b) Social Security Number

214-09-6884

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

April 6

1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 6 1948 to April 6 1948

and that I last saw him alive on April 6 1948

## Immediate cause of death

Cerebral Hemorrhage

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

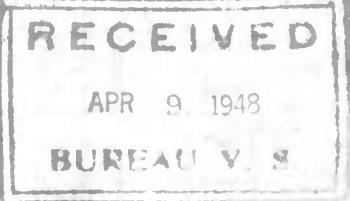
## Means of injury

Injured at work?

## 23. SIGNATURE

Address

John H. Baet M. D. or other  
Boonsboro Date signed 4/8/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04265

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington

City or town Boonsboro, Maryland (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ years

Hospital, Institution, or street address where death occurred:

San Mar Memorial Home

How long in hospital or institution? 1½ Years

## 3. (a) FULL NAME

Alice Virginia Spessard

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) March 22, 1856

8. AGE: Years	Months	Days	If less than one day
92	0	12	hrs. min.

9. Birthplace Hagerstown, Washington Co., Maryland  
(Town, county, and state)

10. Usual occupation

## 11. Industry or business

MOTHER FATHER	12. Name	William R. Spessard
	13. Birthplace	Hagerstown, Maryland
	14. Maiden name	Susan A. Middlekauf
	15. Birthplace	Hagerstown, Maryland

16. Informant Miss Florence Spessard  
Address Hagerstown, Maryland17. Burial April 6, 1948  
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
Cemetery (Rose Hill)

Cemetery or crematory Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss  
Address Hagerstown, Maryland19. April 16-1948 John V. Baer  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro, (RURAL)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1948 at 11:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead on April 3, 1948, to April 3, 1948

Immediate cause of death

Cerebral Hemorrhage and Arterio Sclerosis

DURATION

8 hrs 15 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE John V. Baer, M.D. or other

Address Hagerstown, Maryland Date signed 4/5/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04266  
159

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

**C** 1. PLACE OF DEATH:  
County Washington  
City or town Hagerstown, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Washington County Hospital

How long in hospital or Institution?

## 3. (a) FULL NAME

Baby Girl Staiger

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.) April 27, 1948

8. AGE: Years	Months	Days	If less than one day
0	0	0	11 12 hrs. 55 min.

9. Birthplace Hagerstown, Washington Co., Md.  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER Robert John Staiger  
12. Name.....  
13. Birthplace Baltimore, Maryland.

Jane Irene Borne Staiger  
14. Maiden name.....

15. Birthplace Hagerstown, Maryland.

16. Informant Mr. Robert John Staiger  
Address Hagerstown, Md.

Burial 17. Date thereof April 29, 1948  
(Burial, cremation, or removal. Which?)

Rose Hill Cemetery  
Cemetery or crematory Hagerstown, Maryland.

Location Fred W. Kraiss  
18. Funeral director Hagerstown, Maryland.

Address Apr. 30. 1948 Eustis Powers

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Washington  
City or town Hagerstown, Md. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/48 19 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/26/48 19 to 4/27/48 19,

and that I last saw her alive on 4/27/48 19

Immediate cause of death

Prematurely (7 mos.) 12 hrs. DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

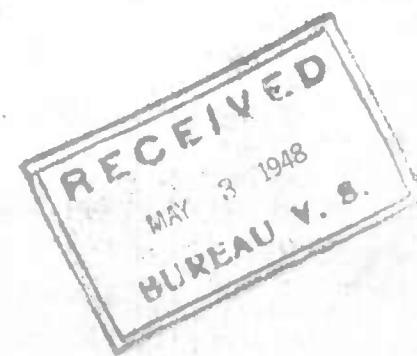
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other  
Address 4/30/48  
Date signed 4/30/48



**PLEASE WRITE PLAINLY WITH UNFADING INK.** Supply every item of information carefully. In case of death, especially important. Physicians; please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518

04267

302

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Washington  
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

32 Summit Avenue

How long in hospital or institution?

## 3. (a) FULL NAME

Charles C. Stine

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Minnie Black Stine

6. (c) If alive, give age..... years

## 7. Birth date of deceased (mo. day, yr.)

April 20 1887

## 8. AGE:

Years  
60Months  
11Days  
12

If less than one day

hrs. min.

## 9. Birthplace

Franklin County, Pa.

(Town, county, and state)

## 10. Usual occupation

Emp. Victor Products Co.

## 11. Industry or business

## MOTHER FATHER

Samuel Stine

## 13. Birthplace

Franklin County, Pa.

## 14. Maiden name

Mary C. Straley

## 15. Birthplace

Franklin County Pa.

## 16. Informant

Samuel R. Stine

## Address

Hagerstown, Md.

## 17. Burial

Date thereof April 15, 1948  
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hades Cemetery

Location

Shady Grove, Pa.

## 18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

## 19. Date rec'd by registrar

Apr. 14

1948

Health Board

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 32 Summit Avenue (If rural, give LOCATION)

## 2.(a) If veteran, name war

## 3. (b) Social Security Number

214-09-1715

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

4/12 48 1948 7 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

that date to April 12, 1948, to April 12, 1948, and that I last saw him alive on April 11, 1948.

## Immediate cause of death

Carcinoma of Prostate and  
arterio-sclerosis  
due to aortic aneurysm

DURATION

? 8

## Died to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

no

Date of

Where did injury occur

no

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

no

Means of injury

no

Injured at work?

## 23. SIGNATURE

V. Miller

ER. VICTOR D. MILLER

W. WASHINGTON

M. D. or other

Address..... Date signed.....



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04268

94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington

City or town Mt. Lena, Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life.

Hospital, Institution, or street address where death occurred: Bonnsho R. 2

How long in hospital or institution? at Home

## 3. (a) FULL NAME

Elmer Storyer

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Gelia Storyer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November - 5 - 1870

8. AGE: Years Months Days if less than one day 77 5 13 hrs. min.

9. Birthplace Mt. Lena Wash. Co. Md. (Town, county, and state)

10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name Daniel Storyer

13. Birthplace Wash. Co. Md.

14. Maiden name Sarah Myers

15. Birthplace Wash. Co. Md.

16. Informant Ernest Storyer

Address (Mt. Lena) Bonnsho R. 2

17. Burial Date thereof April 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Brethren Cemetery

Location Mt. Lena Md.

18. Funeral director T. W. J. Best &amp; Sons

Address Bonnsho Md.

19. Apr. 21 - 1948 John H. Baer  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Mt. Lena, Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 Bonnsho Rd. no.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

- None -

## MEDICAL CERTIFICATION

20. DATE OF DEATH April - 18 - 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/20 1947 to 4/18 1948 and that I last saw h. 13 alive on 16 April 1948.

Immediate cause of death Cerebral stroke, tetanic spasms

Duration 4 weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldr. E. A. Wachler, M.D.

M. D. or other

Address 47 Agaratum Rd. Date signed 4/20/48

RECEIVED

APR 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04269

## CERTIFICATE OF DEATH

Reg. Dlat. No. 302

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 8 days

## 3. (a) FULL NAME

Daniel Theodore Straightiff

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) Nov. 15, 1869

8. AGE: Years 78 Months 4 Days 27 If less than one day — hrs. — min.

9. Birthplace Aderson Bedford Co., Penna. (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Samuel Straightiff

13. Birthplace Penna.

14. Maiden name Elizabeth Ford

15. Birthplace Penna.

16. Informant Mrs. Edith Straightiff

Address Route 2, Hagerstown, Md.

17. Burial Date thereof Apr. 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Amaranth Brethren

Location Amaranth, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. Apr. 13, 1948 Death Powers  
(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town 15 mi. S - Hagerstown

Street No. Hoyett's Crossroads - R.R. Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1948 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3, 1948, to April 11, 1948, and that I last saw him alive on April 11, 1948.

Immediate cause of death Pneumonia, pleurisy, left lower. DURATION 8 days.

Due to

Due to

Other conditions Hernia, left kidney, retention of urine, accelerated CVD.

(Include pregnancy within 8 months of death)

Major findings of operations None Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

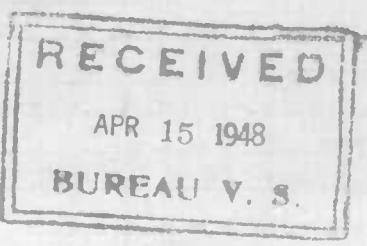
## Means of injury

Injured at work?

## 23. SIGNATURE

Robert F. Keade M. D. or other

Address 132 W. Main St. Date signed 4-13-48



**1** Supply every item of information carefully. In case of death clearly and legibly  
1. PLACE OF DEATH: Washington  
County Washington  
City or town Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town) Life  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
202 N. Potomac St. Hagerstown.  
How long in hospital or institution?

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04270

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  
Washington  
Hagerstown, Maryland  
(If outside city or town limits, write RURAL and give nearest town) Life  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
202 N. Potomac St. Hagerstown.  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
Maryland County Washington  
Hagerstown  
(If outside city or town limits, write RURAL and give nearest town) 202 N. Potomac St.  
Street No.  
(If rural, give LOCATION)

## 3. (a) FULL NAME

James E. Sullivan

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.) December 13, 1909

8. AGE: Years Months Days If less than one day  
38 3 19 hrs. min.9. Birthplace Allegany County Maryland.  
(Town, county, and state)

10. Usual occupation Cab drivers

## 11. Industry or business

12. Name David E. Sullivan

13. Birthplace Allegany County Maryland.

14. Maiden name Cora Morris

15. Birthplace Allegany County Maryland.

16. Informant Mrs. Cora Smith

Address 202 N. Potomac St.

17. Burial Date thereof April 5, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. (Date rec'd by registrar) Apr. 5, 1948 *Ghostowers*

Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1948, to April 1, 1948,  
and that I last saw him alive on April 1, 1948.

Immediate cause of death

*Pulmonary Tuberculosis*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Misses of injury

Injured at work?

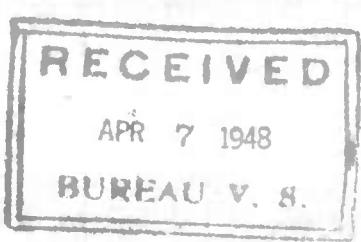
23. SIGNATURE

W. Howard George  
Hagerstown, MD 4-2-48

M. D. or other

Address

Date signed



04271

**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
margin is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

Washington

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

40 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Willard St.

How long in hospital or institution?

## 3. (a) FULL NAME

Clifford E. Tabler

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Divorced

6.(b) Name of husband or wife

Alice S. Tabler

7. Birth date of deceased (mo. day, yr.)

April 13, 1875

6.(c) If alive, give age.....years

8. AGE: Years

Months

Days

If less than one day

72

11

23

hrs.

min.

9. Birthplace

Near Martinsburg Berkley W. Va.

(Town, county, and state)

10. Usual occupation

Saleman

11. Industry or business

Self

12. Name

Agustus Tabler

13. Birthplace

Cumberland Md.

14. Maiden name

Matilda Tyson

15. Birthplace

Near Martinsburg W. Va.

16. Informant

Mrs. Grace Carbaugh

Address

Hagerstown Md.

17. Burial

Date thereof April 8, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Scott F. Minnich &amp; Son

Address

Hagerstown Md.

19. (Date rec'd by registrar)

Apr 7, 1948 Death record

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Washington

City or town

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Willard St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

-----

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1948 at 3 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h.....alive on

19...

Immediate cause of death

strictures of urethra

Chr. myocarditis

DURATION

Due to

congestive myocardial

heart failure grade 4

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

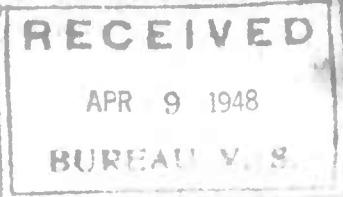
23. SIGNATURE

Dr. Robert H. Bowers DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or other

Address Apr 7, 1948 Date signed 4/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04272

Reg. Dlat. No. 302

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  
County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years

Hospital, institution, or street address where death occurred:  
Rear of first block of Garrett St.

How long in hospital or Institution?

## 3. (a) FULL NAME

William F. Thompson

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Pauline Thompson

7. Birth date of deceased (mo., day, yr.) February 1883  
(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
65                .hrs.      min.

9. Birthplace Cumberland, Maryland.  
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business Harry Thompson

MOTHER FATHER 12. Name Gettysburg, Penna.  
13. Birthplace

MOTHER 14. Maiden name Anna Freffel  
15. Birthplace West Virginia

16. Informant Mrs. Pauline Thompson  
Address 150 South Walnut St.

17. Burial Date thereof April 26, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland.

18. Funeral director Fred W. Kraiss  
Address Hagerstown, Maryland.

19. Date rec'd by registrar Apr. 25, 1948  
Signature Robert Wells  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
Maryland. County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 150 South Walnut St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

216-14-6166

## MEDICAL CERTIFICATION

about 6:10P

20. DATE OF DEATH Apr/23/48 19....., 21..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

....., 19....., to....., 19.....

and that I last saw h..... alive on.....

Immediate cause of death.....

acute coronary occlusion

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. NO Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) dropped death in potato patch

Means of injury Injured at work?

23. SIGNATURE Robert Wells DEPUTY MEDICAL EXAM.

WASH. CO., MD. M. D.

Address Hagerstown, Md. Date signed Apr 24/48

RECEIVED  
APR 27 1948  
BUREAU V. S.

**M**  
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04273

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

## 1. PLACE OF DEATH:

County Washington

City or town Beaver Creek (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 years

Hospital, institution, or street address where death occurred:

Hagerstown Md. R.R.

How long in hospital or institution? at home

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaver Creek Rural

Street No. Hagerstown Md. R.R.

(If rural, give LOCATION)

No

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles A. Weagley

None

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White married

6. (b) Name of husband or wife Clara Funk Weagley

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.) November - 19 - 1863

8. AGE: Years Months Days If less than one day  
84 5 4 hrs. min.9. Birthplace Hagerstown, Beaver Creek Co. Md.  
(Town, county, and state)

10. Usual occupation Retired Educator

## 11. Industry or business

12. Name William Weagley

13. Birthplace Wash. Co. Md.

14. Maiden name Susan Stevenson

15. Birthplace Wash. Co. Md.

16. Informant Mrs. Clara Funk Weagley

Address Hagerstown Md. R.R.

17. Burial Date thereof April 25, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church of the Brethren Cemetery

Location Beaver Creek Md.

18. Funeral director Guy J. Bartel Sons

Address Boonsboro Md.

19. April 24, 1948 John A. Bass

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH April - 23 - 1948, at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April - 21 - 1948 to April 23 1948  
and that I last saw him alive on April 22 1948

Immediate cause of death

Tumorous growth brain

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

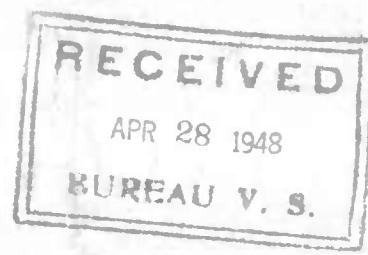
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John A. Bass M.D. *John A. Bass M.D.*M. D. *John A. Bass M.D.*

Address Boonsboro Md. Date signed 4/24/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04274

305

Reg. Dist. No.

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

Washington  
Boonsboro Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

Guilford Nursing Home

How long in hospital or institution? 4 months

## 3. (a) FULL NAME

Rue Helfrich Weagly

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

## 6. (b) Name of husband or wife

Lee Weagly

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1869

8. AGE: Years Months Days If less than one day  
78 11 11 hrs. min.9. Birthplace Wayneboro Pa. #3  
(Town, county, and state)

10. Usual occupation House Wife

## 11. Industry or business

12. Name Ed Helfrich

13. Birthplace Franklin Co., Pa.

14. Maiden name Barbara Schneider

15. Birthplace Germany

16. Informant Mrs Pearl Weekly

Address Wayneboro Pa

17. Burial Date thereof 4/16/48  
(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or crematory Green Hill

Location Wayneboro Pa

18. Funeral director Walter J. Grove

Address 27 S. Church St., Wayneboro Pa.

19. (Date rec'd by registrar) April 15. 1948 John H. Bain  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Franklin

City or town Waynesboro  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 49 Phillips Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2d. DATE OF DEATH April 14 1948 at 40 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 11 1948 April 17 1948  
and that I last saw her alive on April 14 1948

## Immediate cause of death

Cerebral Hemorrhage

Due to Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

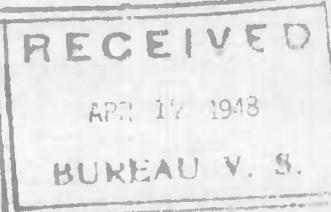
Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

## 23. SIGNATURE

M. D. or other

Signature Robert H. Brown M.D.  
Address Wayneboro Pa. Date signed April 14 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M

1276

04275  
Reg. Dist. No. 302

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County.....

Washington

City or town.....

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 weeks

Hospital, institution, or street address where death occurred:

Washington Co Hospital

How long in hospital or Institution?.....

2 weeks

## 3. (a) FULL NAME

ADA H. WEBER

## 4. Sex

F

## 5. Color or race

White married

## 6.(a) Single, married, widowed, or divorced

Edgar Weber

## 6.(b) Name of husband or wife

Edgar Weber

## 7. Birth date of deceased (mo. day, yr.)

Mar. 8. 1901

6.(c) If alive, give age 48 years

## 8. AGE:

Years 47 Months 2 Days 5 If less than one day hrs. min.

## 9. Birthplace

near Hagerstown

(Town, county, and state)

## 10. Usual occupation

House Wife

Home

## 11. Industry or business

Joseph W. Martin

## MOTHER FATHER

12. Name.....

Lancaster Co Pa

13. Birthplace.....

Settie Horst

14. Maiden name.....

Franklin Co. Pa

15. Birthplace.....

Edgar Weber

## 16. Informant.....

Smittsburg Rd

Address.....

Date thereof Apr. 1948

17. (Burial, cremation, or removal, which?)

Reiff

Cemetery or crematory.....

new Carlisle Md.

Location.....

P. E. Munnoch

18. Funeral director.....

Greencastle Pa

Address.....

Apr. 15 1948

19. (Date rec'd by registrar)

Baptist Hospital

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State.....

Md

County.....

Washington

City or town.....

R. # 2

Street No.....

Smithburg Md

(If rural, give LOCATION)

## 2.(a) If veteran, name war.....

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

## 2D. DATE OF DEATH

April 13 1948

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 31 1948 to April 13 1948

and that I last saw her alive on April 13 1948

## Immediate cause of death

Pulmonary Embolus -  
Paralytic clonus

DURATION

15 min.  
46 daysDue to: Hypotension  
Hyperthyroid & Hemorrhage

1 wk

(operation)

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

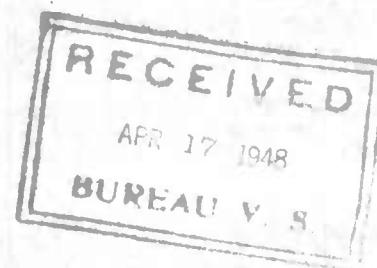
## 23. SIGNATURE

M. A. Kohler

M. D. Mother

Address..... Date signed.....

Kohler



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

04278-

## CERTIFICATE OF DEATH

Reg. Dist. No. 325

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Guilford Nursing Home

How long in hospital or institution?

3 mo

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

B. (b) Name of husband or wife

Anna Taylor

7. Birth date of deceased (mo., day, yr.)

Aug 2 1863

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

84

8

5

hrs.

min.

9. Birthplace

Tidewater Co.

(Town, county, and state)

10. Usual occupation

Retired Minister

11. Industry or business

Samuel Weybright

MOTHER FATHER

Name

Samuel Weybright

12. Name

Tidewater Co.

13. Birthplace

Mary A. Snader

14. Maiden name

Tidewater Co.

15. Birthplace

Samuel Weybright

16. Informant

Samuel Weybright

Address

Burial

Date thereof

(Month) (day) (year)

17. Burial, cremation, or removal. Which?

Burial

Cemetery or crematory

Rocky Ridge Md

Location

Mt. Creagan Ln

18. Funeral director

Thurmont Md

Address

19. April 8.

Date recd by registrar

1948

John H. Baile

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md County Frederick

City or town

Thurmont (if outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

no

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 7<sup>th</sup> 1948 at 7:50 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31<sup>st</sup> 1948 to April 7<sup>th</sup> 1948and that I last saw him alive on April 6<sup>th</sup> 1948.

Immediate cause of death

Hemorrhage Chronic nephritis

DURATION

7 days

Due to

Hemorrhage

Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

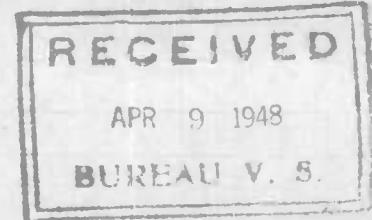
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Baile M.D.

M. D. or other

Address Thurmont Md Date signed 4/7/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04277

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

## 1. PLACE OF DEATH:

County.....

City or town.....

*Washington  
Rural, Hagerstown Md #5*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *19 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*Calvin Luther Woodring*

## 3. (b) Social Security Number

*173-03-1700*

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

*m.**w.**Married*

6.(b) Name of husband or wife.....

*Annie Nail*

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age *51* years*April 1, 1894*

8. AGE:

Years	Months	Days	If less than one day
<i>54</i>	<i>0</i>	<i>11</i>	hrs. min.

9. Birthplace.....

*Glenn Haven*

(Town, county, and state)

10. Usual occupation.....

*Stock Room*

11. Industry or business.....

*Liquick Co.*

12. Name.....

*Geo D Woodring*

13. Birthplace.....

*Franklin Co., Pa.*

14. Maiden name.....

*Mary C. Barnes*

15. Birthplace.....

*Franklin Co., Pa.*

16. Informant.....

*Mrs. Annie Woodring*

Address

*Hagerstown Md #5*

17. (Burial, cremation, or removal, which?)

Burial

Date thereof *4/15/48*  
(month) (day) (year)

Cemetery or crematory.....

*Graves Cemetery*

Location.....

*Waynesboro #2*

18. Funeral director.....

*Walter Y. Grove*

Address

*278 Church St., Waynesboro Pa*

Date rec'd by registrar

*Apr. 13. 1948**Shady Grove, Pa.*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

*Washington*

City or town.....

*Rural*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

*Hagerstown Md #5*

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

*April 12 1948 12:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Jan 19 46 to April 12 1948*and that I last saw h. i.m. alive on *April 10 1948*

Immediate cause of death.....

*Congestive heart failure*

DURATION

*2 yrs.*Due to..... *Severe arteriosclerosis**heart disease.*Due to..... *acute bronchial**asthma.*

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury.....

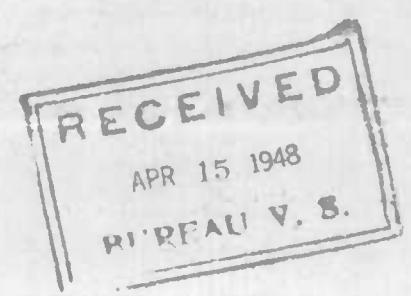
Injured at work?

23. SIGNATURE.....

*David A. Sheppard, M.D.*

M. D. or other

Address..... *Shady Grove, Pa.* Date signed *4/13/48*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Zimmerman

04278

303

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

Dagnar Hotel

How long in hospital or institution? --

## 3. (a) FULL NAME

SAMUEL CLIVE G. WROE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower

6. (b) Name of husband or wife Emma

7. Birth date of deceased (mo. day, yr.) September 30 1860

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day  
87 6 25 hrs. min.9. Birthplace Knoxville Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation Contractor

11. Industry or business Building

12. Name Dr. John A. Wroe

13. Birthplace Washington D.C.

14. Maiden name Martha Jane Barr

15. Birthplace Hagerstown Md.

16. Informant Mrs. Helen Wroe Sanjean

Address Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 4/28/48

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Apr. 26 1948  
(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. Dagmar Hotel  
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number None

## MEDICAL CERTIFICATION D. S. T.

20. DATE OF DEATH April 25 1948 19 11 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to Myocarditis Chronic

Due to Atherosclerosis

Other conditions Mental debility

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

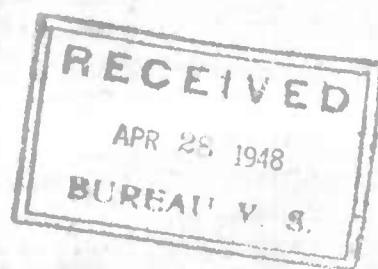
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Williamsport Md. Date signed Apr. 26 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04279  
304

Reg. Dist. No.

## 1. PLACE OF DEATH:

County..... Washington

City or town..... Hancock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

Main Street

How long in hospital or institution?

## 3. (a) FULL NAME

Margaret Elizabeth Ziegler

## 3. (b) Social Security Number

4. Sex  
**Female**5. Color or race  
**White**6.(a) Single, married, widowed, or divorced  
**Wdlow**

Charles Ziegler

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Feby. 22, 1891

6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

57 1 10 hrs. min.

9. Birthplace..... Quintin -Lebanon Co., Pa.

(Town, county, and state)

10. Usual occupation..... Home Duties

## 11. Industry or business

12. Name..... John L. Horst

13. Birthplace..... Lancaster Co., Pa.

14. Maiden name..... Margaret E. Linafelt

15. Birthplace..... Clearfield Co., Pa.

16. Informant..... Mrs. Charles H. Corbett.

Address..... Hancock, Md.

17. Burial..... Date thereof..... April 6, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Lorraine Park Cemetery

Location..... Baltimore, Md.

18. Funeral director..... Snyder-Rowland Funeral Home

Address..... Hancock, Md.

19. Date record by registrar..... Apr 5 48

Signature..... John Heller

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Main Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

Apr. 3, 1948 8:40 A. M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 9 1947 to Apr 3 1948

and that I last saw her alive on Apr 3 1948

Immediate cause of death.....

Carcinoma of uterus and bladder

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where)? .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

John Shaffer MD

M. D. or other

Address.....

Date signed..... Apr 14 1948

